



**University of Rhode Island Public Safety
Complaint form**

Name: _____ **Date:** _____

Date of Birth: _____

Best phone number to reach you at – Day: _____

Night: _____

Address: _____

Suspect name if known: _____

Below please give as much detail as possible. If you had anything stolen, please make a list and give the time and date of when you last saw the items. Thank you.