

COMPLAINANT

MAILING ADDRESS

PHYSICAL ADDRESS (IF DIFFERENT)

TOWN/CITY

STATE

ZIP

TELEPHONE NUMBER

()

HOME

()

ALTERNATE PHONE NUMBER

DATE/TIME OF OBSERVATION

MONTH/DAY/YEAR

HOUR AM/PM

OFFICER INVOLVED (IF APPLICABLE)

NATURE OF COMPLAINT (If additional space is needed, please use back of form or attachments.)

REMEDY SOUGHT

SIGNATURE

/ /

DATE _____

EMPLOYEE RECEIVING COMPLAINT

/ /

DATE _____

* FORM MUST BE COMPLETELY FILLED OUT WITH ALL KNOWN INFORMATION AND MUST BE SIGNED BY THE COMPLAINANT. INTENTIONAL OMISSION OF INFORMATION OR OF THE SIGNATURE SHALL BE GROUNDS FOR DISMISSAL OF COMPLAINT. COMPLAINANTS SHALL MAKE THEMSELVES AVAILABLE FOR FOLLOW-UP INQUIRIES AND BE WILLING TO TESTIFY IN FUTURE DISCIPLINARY AND ADMINISTRATIVE HEARINGS AS WELL AS TESTIFYING IN COURTS OF LAW. ALL COMPLAINTS WILL BE THOROUGHLY INVESTIGATED AND FINDINGS MAY OR MAY NOT BE DISSEMINATED TO THE COMPLAINANT. THIS FORM IS CONSIDERED AN OFFICIAL DOCUMENT AND INTENTIONAL FALSE ALLEGATIONS MAY BE PROSECUTED UNDER VIRGINIA CODE § 18.2-461 OR Title 18, USC, Section 1001 OR OTHER