



SPOTSYLVANIA COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM



COMPLAINANT INFORMATION

| | | | | |
|--|------------|---------------|---------------------|-----|
| NAME (LAST, FIRST, MI) | | DATE OF BIRTH | RACE | SEX |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | |
| HOME PHONE | WORK PHONE | | OTHER PHONE (CELL.) | |

INCIDENT LOCATION INFORMATION

| | | |
|------|--------------------------|---------------------------|
| DATE | APPROX. TIME OF INCIDENT | LOCATION INCIDENT OCCURED |
| | | |

WITNESS INFORMATION

| | | | | |
|--|------------|---------------|---------------------|-----|
| WITNESS #1 | | DATE OF BIRTH | RACE | SEX |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | |
| HOME PHONE | WORK PHONE | | OTHER PHONE (CELL.) | |
| WITNESS #2 | | DATE OF BIRTH | RACE | SEX |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | |
| HOME PHONE | WORK PHONE | | OTHER PHONE (CELL.) | |

SHERIFF'S OFFICE MEMBER INFORMATION

| | |
|---|----------------|
| SHERIFF'S OFFICE MEMBERS INVOLVED (NAME(S)) | UNIT NUMBER(S) |
| | |
| | |
| | |

STATE YOUR SPECIFIC COMPLAINT AND DESCRIBE THE CIRCUMSTANCES

[illegible]

**** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEET ****

AFFIRMATION

I, _____, do hereby affirm that the information provided by me is true and complete to be best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil suit and/or criminal prosecution.

SIGNATURE

DATE/TIME

FOR SHERIFF'S OFFICE USE ONLY

COMPLAINT RECEIVED:

____ In Person ____ Telephone ____ U.S. Mail ____ Electronically

COMPLAINT RECEIVED BY: _____
Sheriff's Office Member's Name and Unit Number

DATE RECEIVED: _____ TIME RECEIVED: _____

COMPLAINT RECEIVED BY ASD:

Date: _____ Member: _____

COMPLAINT NUMBER: _____

COMPLAINT ASSIGNED:

Date: _____ To: _____