



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)

