



**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

**** 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

Please mail to: Spotsylvania County Sheriff's Office
 P.O. Box 124
 Spotsylvania, Virginia 22553-0124
 Attn: Administrative Services Division

FOR SHERIFF'S OFFICE USE ONLY

COMPLAINT RECEIVED:

In Person Telephone U.S. Mail Electronic

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: _____