CITY OF STAUNTON, VIRGINIA

POLICE DEPARTMENT

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

THIS FORM TO BE FILLED OUT COMPLETELY:

1. Complaint against Officer: _____

2. Person making complaint: _____

   Address: _____

   Telephone #: _____

3. Name(s) of alleged victim(s)

   Name: _____ Phone #: _____

   Address: _____

   Name: _____ Phone #: _____

   Address: _____

4. Nature of complaint: _____

   _____

   _____

   _____

   _____

5. Date; day; and time of incident: _____

6. Location where incident occurred: _____

   _____

7. Witnesses to event or incident (names; addresses; telephone nos.; place of employment).

   _____

   _____

   _____

   _____

   _____

8. Detailed report of complainant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I do hereby certify that the above report is true, accurate, and complete as best I can present the facts pertinent to this complaint. I am available for interview by investigators from: _____

to _____ on _____.

I understand that, under the regulations of the Staunton Police Department, the officer against whom this complaint is filed may be entitled to request a hearing before a Board of Inquiry. By signing and filing this complaint, I hereby agree to appear before a Board of Inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint. I also understand that if a Board of Inquiry does hold a hearing concerning this matter, that a written record of all testimony will be made, and that a copy will be furnished to the officer and/or his attorney. If a hearing is held, the officer and/or his attorney has a right to be present and to cross-examine me concerning any testimony that I might give.

Signature of Complainant: _____

Date: _____Time: _____

Refused to sign complaint: _____ yes _____ no

Officer receiving complaint: _____

Date: _____Time: _____