Charlottesville Sheriff’s Office

Citizen Complaint / Inquiry Form

Please do not write in this space – Sheriff’s Office use only

Complaint ____  Inquiry ____  
Time Reported___________ Date Reported___________ Complaint Number__________
Location Where Received________________________________________________________________

Form of Complaint: In Person____ Phone____ Postal Mail____ Electronic Mail_____

Received by Chief Deputy Date______ Time_____ Date of Completion_________

Complainant’s Name: Last________________________________ First_________________________________ Middle Initial_____
Address___________________________________________ Apt/Ste_________ City___________________________ State_____
Telephone Number: Home___________________________ Cellular_________________________ Work_____________________
Employer’s Name______________________ Business Address___________________________ Occupation____________________

Name of Sheriff’s Office member complained of (if unknown, provide description of office member)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Time of Occurrence__________ Date of Occurrence_________ Location_________________________________________________

Other Information_____________________________________________________________________________________________

Witness(s) Information

Name________________________ Address__________________________________ Apt/Ste______ City_____________________
State_______ Relationship_____________________ Telephone Number___________________________

Name________________________ Address__________________________________ Apt/Ste______ City_____________________
State_______ Relationship_____________________ Telephone Number___________________________

Details of complaint/inquiry (In your own handwriting. Give a brief description of what happened. Use reverse side of form if more space is required)

Printed Name & Signature of Office member receiving complaint/inquiry   Signature of Complainant

________________________________________   _____________________________

Instructions for Complainant: Prepare this report in your own handwriting. You will receive a letter from the Chief Deputy
acknowledging receipt of your complaint/inquiry and contact you to schedule any investigative interviews. You will be notified in writing
at the conclusion of the investigation.