



Charlottesville Police Department

Citizen Complaint Form

Complaint
 Inquiry

<i>Please do not write in this space - Police Department use only</i>					
Time Reported	Date Reported	Location Where Received			Complaint Number
Form of Complaint In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/>		Supervisor Notified Time Date		Complaint Received Time Date	
Date Received by IA	Time Received IA	Assigned To	Date Assigned	Time Assigned	Date of Completion
Complainant's Last Name		First	Address		Apt/Floor
Employer's Name		Business Address		Occupation	Work Phone
Name of Police Department member complained of (If unknown, provide description of Officer and type of duty performed, e.g. foot, auto, detective, etc.)				Shield Number	Section
Time of Occurrence	Date of Occurrence	Location			
Other Information:					
Name of Witness		Address	Apt/Floor	Relationship	Telephone Number

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

Rank	Signature of Department member receiving complaint	Signature of Complainant

Instructions for Complainant: Prepare this report in your own handwriting. You will receive a letter from the Office of Professional Standards acknowledging receipt of your complaint. An investigating officer will be in contact with you and schedule any necessary investigative interviews. You will be notified in writing at the conclusion of the investigation.