



# COMPLAINT FORM

## Citizen Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/RFD

Town/City

State

Zip

Telephone Numbers: \_\_\_\_\_

Home

Mobile

Work

## Complaint Information

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name or description of person(s) against whom complaint is lodged:

\_\_\_\_\_

Nature of Complaint: (If additional space is needed, please use back of form or attachments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Receiving Complaint: \_\_\_\_\_

Date: \_\_\_\_\_

The completed form may be turned in at any Virginia State Police facility or mailed directly to the Professional Standards Unit at P. O. Box 27472, Richmond, VA 23261.