

### Virginia State Police Complaint Form

**Complainant's Information:** (To be completed by the complainant or receiving employee)

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

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

Phone No.: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_ Text: Yes  No

**Information Regarding the Complaint of alleged improper action by a Virginia State Police Employee:**

Name of the Employee: \_\_\_\_\_

If name is unknown, please provide a description: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of the Complaint: (Please describe what happened; attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant \_\_\_\_\_ Date: \_\_\_\_\_

The completed form may be turned in to any Virginia State Police facility, mailed to the Office of Internal Affairs at P.O. Box 27472, Richmond, Virginia 23261 or emailed to [IAUnit@vsp.virginia.gov](mailto:IAUnit@vsp.virginia.gov)

The below section is for Virginia State Police internal use only:

IA Case #:	_____		
LEAMS Case #:	_____	(if applicable)	
Date Received:	_____	<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Other	
Brief description of Allegation:	_____		
Name of the Employee the Complaint is against: _____			
Code #:	_____	Division:	_____
SP-163 Submitted to the Office of Internal Affairs		<input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Secure E-Mail <input type="checkbox"/> Fax	
By whom:	_____	Date:	_____
Assigned to:	_____	Date:	_____
Employee Receiving the Report:	_____	Code #:	_____

## Instructions

The SP-163 is designed to record the initial complaint details and can be filled out by either the complainant or the employee receiving the complaint.

**Complainant's Information:** This section records information on the individual who is alleging improper action by a VSP employee.

Name: Please provide the name of the individual alleging wrongdoing.

Address: Provide the Street and mailing address of the individual making the complaint.

Telephone Numbers: Provide the home, work and cellular phone numbers of the individual making the complaint.

Text: Indicate if the individual making the complaint can receive text messages via his/her cellular phone by marking yes or no.

E-mail address: Provide the email address of the individual making the complaint.

**Information Regarding the Employee:** This section records information on the VSP employee who is alleged to have committed an improper action.

Name of the Employee: If you can identify the employee by name, please indicate in this space.

If name unknown, please provide a description: If you cannot identify the employee by name, please provide a physical description (if known), a work location (section), or any other information that would be helpful in identify the specific VSP employee.

Date of Incident: What date did this improper action happen? You may provide a range of dates, or simply indicate unknown if a specific date cannot be identified.

Location: Provide a location of this incident, if known.

Nature of the Complaint: Describe what happened. You may attach additional pages if necessary.

Signature of the Complainant: Please sign the complaint. A signature is NOT required.

Date: Enter the date the complaint was submitted to the VSP.

### **For Virginia State Police Internal Use Only:**

IA Case #: This will be provided by the Office of Internal Affairs.

LEAMS Case #: This will not apply to all complaints, only those with criminal allegations.

Date Received: The date the VSP employee received the complaint. Check the box to note the manner in which it was received.

Brief Description of the allegation: Provide a brief description of the alleged improper conduct only if it is not included in the Nature of Complaint section above.

Name of the employee the complaint is against: self-explanatory

Code #, Division, Area: self-explanatory

SP163 submitted to the Office of Internal Affairs: Indicate the method by which the SP-163 was submitted.

By Whom: self-explanatory Date: self-explanatory

Assigned to: This block is to note who will be investigating the complaint. If unknown, leave blank.

Employee Receiving the Report: Name of the employee who received the initial complaint. Code #: self-explanatory