CHARLES CITY POLICE DEPARTMENT

Citizen Complaint/Internal Investigation Report

Complainant:

1. Name:_____
2. Address:_____
3. Telephone:_____
4. Adult or Juvenile:_____
5. Place of Employment:_____
6. Address of Employment:_____
7. Business Telephone:_____

Witnesses:

1. Name:_____
   Address:_____
   Telephone:_____
   Relationship:_____

2. Name:_____
   Address:_____
   Telephone:_____
   Relationship:_____

Additional witnesses may be added on the back side of this form.

Complaint:

1. Date and time of incident:_____
2. Location of incident:_____
3. Date and time complaint filed:_____
4. Location of complaint being filed:_____
5. Complaint against:_____
6. Badge/ I.D. number:_____
7. Car number:_____
8. Case/CFS number:_____

Description of Allegations:

Please list the facts that support your complaint below. Use reverse side of this form if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature of Complainant_____

Additional information:_____

:_____

:_____

Internal use:

Type of complaint:

__Formal __Informal __Notify Chief of Police

Allegation of:

__Excessive use of force __Standard of conduct __Police service

__Missing property __Operational Procedures __Other

Employee taking complaint:_____