



Town of Culpeper Police Department Citizen Complaint Form



Date: _____ Complainant Name: _____

Officer/Employee Complained of: _____
(If name is unknown, please provide a physical description of the individual.)

Badge No., if known: _____ Date of Incident: _____

Time of Incident: _____ Location: _____

Details of Complaint: *(In your own handwriting, please give a brief accounting of what occurred. Use the back of this sheet if additional space is needed.)*

Witness(es):

Address/Phone No.:

Complainant's Signature

Date and Time of Signature

The Town of Culpeper seeks to provide police services in a courteous and professional manner. If you have a complaint concerning the actions of an employee of the Culpeper Police Department, it is our intention to impartially investigate the situation to determine the circumstances of the complaint and take any action that may be warranted.

Thank you for providing this information.

I do hereby swear that the above report is true, accurate and complete as best as I can present the facts pertinent to this complaint. I am available for interview by an investigator from _____ to _____ on (date[s]) _____.

As a result of this investigation, I understand that I may be required to testify at any hearings, criminal, civil or other. I also understand that statements given by me, both oral and written, can be used in a court of law.

Complainant's Signature

Date/Time of Signature

Refused to sign complaint: Yes No

Department Use Only

Date/Time Reported: _____ Received At: _____

Received By: _____ Case #: _____

Complaint made in: Person Phone Mail

Chief of Police Notified (Date and Time): _____

Forms may be mailed to: Culpeper Police Department
 130 West Cameron Street
 Culpeper, Virginia 22701

Or Faxed to: (540) 727-7528

