



Roanoke County Emergency Communications Center Complaint Form

INSTRUCTIONS FOR COMPLAINANT: Please prepare this report in your own handwriting.

Complainant's Name		Address		Telephone #	
Date and Time Reported			Location Received		
How was Complaint Made:		Person		Mail	
Name (of Person Assisting Complainant)		Rank		Platoon	Unit #
Name of Employee: (if unknown, provide description of the employee and type of duty performed)					
					Unit #
Date and Time of Occurrence			Location of Occurrence		
Name of Witness		Relationship		Telephone #	
Details of Complaint: Please give a brief description of what happened. If additional space is needed, please attach.					
Signature of Complainant		Signature of Person Assisting Complainant		Signature of Supervisor Receiving Complaint	
FOR ADMINISTRATIVE USE: Please do not write below this line.					
Liability Exposure Form Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			Internal Investigation Initiated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature of CEC / Date			Signature of Assistant Director / Date		
Employee Advised of Rights/Responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> All Parties Advised of Conclusion? Yes <input type="checkbox"/> No <input type="checkbox"/>					