



Roanoke County Emergency Communications Center Commendation / Complaint Form



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

| | | | | | |
|--|--|---|---|--|--------|
| Reporting Party's Name | | Address | | Telephone # | |
| Date and Time Reported | | | Location Received | | |
| How was Report Made: | | Person | | Mail | |
| Name (Person Assisting Reporting Party) | | 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 Commendation / Complaint: Please give a brief description of what happened. If additional space is needed, please attach. | | | | | |
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| | | | | | |
| Signature of Reporting Party | | Signature of Person Assisting Reporting Party | | Signature of Supervisor Receiving Report | |
| 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 ECM / 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"/> | | |