



Roanoke County Police Department Citizen Complaint Report

INSTRUCTIONS FOR COMPLAINANT: Prepare this report in your own handwriting.
Generally, all investigations are completed in 90 days of initiation. You will be advised of any delay by the
Administrative Assistant Chief.

Complainant's Name	Address	Telephone #
--------------------	---------	-------------

Please fill in the following four items, if you have no objection to a member of our Department contacting you at your place of employment.

Employer	Business Address	Occupation	Telephone #
Date and Time Reported		Location Where Received	

How Was Complaint Made: ☐ Person ☐ Mail ☐ Phone

Name of Person Asst. Complainant	Address	Telephone #
----------------------------------	---------	-------------

Name of Officer / Employee: (If unknown, provide description of Officer / Employee and type of duty performed;
example foot, auto, detective, etc.)

	Badge #
--	---------

--

--

--

--

Date and Time of Occurrence:	Location of Occurrence:
------------------------------	-------------------------

Name of Witness	Address	Relationship	Telephone #
-----------------	---------	--------------	-------------

Details of complaint (in your handwriting), give a brief description of what happened. If additional space is needed,
please attach separate sheets.

--

--

--

--

--

--

--

--

--

Signature of Supervisor Receiving Complaint	Signature of Person Assisting Complainant	Signature of Complainant
---	---	--------------------------