



CITY OF WAYNESBORO

POLICE DEPARTMENT

250 SOUTH WAYNE AVENUE
SUITE 102 BOX 3
WAYNESBORO, VIRGINIA 22980-4622

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL OR SERVICE PERFORMED (Please fill out this form completely)

1. Complaint Against: _____
2. Person Making Complaint: _____
Address: _____
Phone: _____
Email Address: _____
3. Name(s) of Alleged Victim(s):
Name: _____
Address: _____
Phone: _____
Email Address: _____
4. Nature of the Complaint: _____

5. Date, day, & time of the incident: _____
6. Location where the incident occurred: _____
7. Witness(es) to the event or incident (name, address, telephone number, place of employment):

8. Detailed Report of the Complaint:



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(Use Additional Paper If Necessary)

I do hereby certify that the above information is true, accurate, and complete.

I am available for interview by Investigators from _____ a.m. or p.m. to _____ a.m. or p.m. on _____.

I understand that under the policy of the Waynesboro Police Department, the Officer against whom this complaint is filed may, and is entitled to, request a hearing before a Board of Inquiry. The Officer may testify under oath concerning all matters relevant to this complaint. I also understand that if a Board of Inquiry does hold a hearing concerning this matter, my failure to appear and testify will act to dismiss this complaint against the above named Officer. If a hearing is held, the Officer and/or his attorney has a right to be present and to cross examine me concerning any testimony that I might give.

Complainant's Signature: _____

Date: _____

Time: _____

Officer Receiving the Complaint: _____

Date: _____

Time: _____