

FRONT ROYAL POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

The Front Royal Police Department will investigate any reasonable allegation of misconduct by any members upon receipt of this form, properly executed and signed. Facilitation of prompt and accurate investigations makes the use of this form a necessary prerequisite to the investigation of a complaint. Be assured that the department does not condone misconduct by any members and will take appropriate action, where indicated by investigation, against any member found to be guilty of such misconduct.

COMPLETE THE FOLLOWING QUESTIONS FULLY

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NAME(S) OF OFFICER(S): _____

DESCRIPTION OF OFFICER IF NAME IS UNKNOWN:

RACE ____ **SEX** ____ **AGE** ____ **HT** ____ **WT** ____ **DRESS: UNIFORM** ____ **PLAIN** ____

CLOTHES _____ **GLASSES** ____ **MUSTACHE** ____ **HAIR** _____ **EYES** _____

IDENTIFYING CHARACTERISTICS:

OFFICER'S VEHICLE NUMBER OR DESCRIPTION OF VEHICLE:

FRONT ROYAL POLICE DEPARTMENT

AFFIRMATION

I, _____, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons, investigating this complaint, may subject me to civil and/or criminal prosecution.

I realize that it may become necessary in the investigation of this complaint, for me to meet with a member of members of the Front Royal Police Department to discuss this complaint, either in the presence or absence of the accused officer(s), at the discretion of the department. I accept the premise that if action of the chief of Police is a result of my complaint, my testimony before a board may be needed and I hereby agree to make myself available for such proceeding if requested to do so.

SIGNED: _____

State of Virginia
County of Warren/Town of Front Royal

Given before my hand, this _____ day of _____ 20 ____.

NOTARY PUBLIC

My Commission expires: _____

FOR DEPARTMENTAL USE ONLY

Personnel Complaint Number _____ Assigned to _____

DISPOSITION

FOUNDED _____
UNFOUNDED _____
INCONCLUSIVE _____

ACTION TAKEN ___ YES ___ NO
ORAL REPREMAND _____
LETTER OF REPRIMAND _____
SUSPENSION _____
TRANSFER _____
REDUCTION _____
DISMISSAL _____