FREDERICKSBURG POLICE DEPARTMENT

COMPLAINT AGAINST POLICE EMPLOYEE

If you wish to make a complaint about the actions of an employee of the Fredericksburg Police Department or about the operations of the Police Department, we offer the following suggestions as indicated below to assist you in reporting your complaint and providing the Department an opportunity to resolve the problem.

1. **Come to the Police Department Records Bureau, 2200 Cowan Blvd, and tell any employee that you want to make a complaint or,**
2. **Call the Police Department at any hour at (540) 373-3122 and tell the person answering the telephone that you want to make a complaint or,**
3. **Write your complaint out and mail it to the Chief of Police, Fredericksburg Police Department, 2200 Cowan Blvd, Fredericksburg, VA 22401.**

A Fredericksburg Police supervisory officer will assist you if you request in filling out a report of **"Complaint Against Police Employee"** form. This form asks you to identify yourself and to give specific details about your complaint.

Your complaint will receive immediate attention. You may be contacted and asked additional questions about your complaint.

If an initial examination of your complaint indicates a lengthy period of time is necessary to conclude an investigation, you will receive a letter advising you approximately when you may expect a reply to your complaint.

When your complaint has been thoroughly investigated, the Chief of Police will review the results of the investigation and will write you a letter explaining what was concluded and the results.

COMPLAINT FORM ATTACHED

FREDERICKSBURG POLICE DEPARTMENT

COMPLAINT AGAINST POLICE EMPLOYEE

This form should be filled out completely. Leave no spaces blank, if known.

Complaint Made Against: _____
(Full Name of Employee or Identifying Information)

Name of Person Making Complaint: _____

Complete Telephone Number & Home/Business Address of Complainant: _____
(Home/Business Telephone Number)

_____
(Address- Street and Number) (City, State and Zip Code)

Name of Persons Other Than Complainant Who Are Alleged To Be Victims: _____

_____
(Address- Street and Number) (City, State and Zip Code) (Telephone Number)

Nature of Complaint: _____
(Specific offenses committed)

Month, Date and Time of Incident: _____

Location of Incident: _____

Witness(s) to Incident- Include Complete Name, Address and Telephone Number: _____

_____
(Address- Street and Number) (City, State and Zip Code) (Telephone Number)

Indicate in this space a detailed report of the complaint/incident:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach Extra Sheets of Paper if Additional Space is Needed)

AFFIDAVIT

I hereby certify that the information contained in this report is true, accurate and complete to the best of my knowledge.

I am available for an interview by a representative of the Fredericksburg Police Department. The most convenient times for me are:

_____

_____
Signature of Complainant or Victim

_____
Date

For Police Department Use Only:

Name of supervisory officer receiving complaint/conducting interview: _____

Further referral made to: _____

Comments:

_____

_____

_____

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