

## CITIZEN COMPLIMENT/ COMPLAINT FORM

The Vienna Police Department encourages citizen feedback and positive recognition of its officers. The Department also aggressively investigates allegations of misconduct lodged against officers and other employees of this agency. The purpose of these investigations is to determine and examine all the facts and circumstances relevant to the incident in question. Should such allegations be sustained as a result of the investigation, appropriate action will be taken to prevent a future occurrence of the misconduct.

Please check the appropriate selection below:

Compliment \_\_\_\_\_

Complaint \_\_\_\_\_

### ORIGINATOR

NAME DATE OF BIRTH SOCIAL SECURITY NUMBER (If filing a complaint)

ADDRESS

HOME PHONE

WORK PHONE

CELL PHONE

### WITNESSES

NAME

HOME PHONE

ADDRESS

WORK/CELL PHONE

NAME

HOME PHONE

ADDRESS

WORK/CELL PHONE

NAME

HOME PHONE

ADDRESS

WORK/CELL PHONE

### EMPLOYEE

NAME OF OFFICER/EMPLOYEE

DESCRIPTION OF OFFICER/EMPLOYEE

NAME OF OFFICER/EMPLOYEE

DESCRIPTION OF OFFICER/EMPLOYEE

NAME OF OFFICER/EMPLOYEE

DESCRIPTION OF OFFICER/EMPLOYEE

### PD 28

### INCIDENT

LOCATION OF INCIDENT

DATE OF INCIDENT

For Use in Filing Complaints Only:

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 or misleading statements, accusations or allegations made by me in relation to this complaint, either orally or in writing, may subject me to civil action and/or criminal prosecution.

I realize that to assure a thorough investigation of this matter, it may become necessary for me to meet with representatives of the Vienna Police Department for the purpose of discussing this incident in detail. I further understand that if a departmental or court hearing results from this investigation, my presence and testimony at such hearing may become necessary. I hereby agree to make myself available at reasonable times and places as may be necessary for such interviews and/or hearings.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
in the county/city/town of \_\_\_\_\_, State  
of \_\_\_\_\_.

### \*\* POLICE DEPARTMENT USE ONLY \*\*

RECEIVED BY:

DUTY STATION

INTERNAL AFFAIRS CASE NUMBER

DATE TIME