



CITY OF HARRISONBURG
POLICE
DEPARTMENT

INTERIM POLICE CHIEF GABRIEL CAMACHO
101 NORTH MAIN STREET, HARRISONBURG, VA 22802
OFFICE: (540) 437-2600
FAX: (540) 437-2691
WWW.HARRISONBURGVA.GOV/POLICE

Citizen Complaint Form

Your Name: _____ Daytime Phone #: _____

Email Address: _____ Cellular Phone #: _____

Date of Birth: _____ Social Security Number: _____

Address: Street _____ City _____ State _____ ZIP _____

Incident Information:

Date of Incident: _____ Approximate Time: _____

Location: _____

Details of Complaint: _____

* If additional space is needed, please use a separate *Citizen Complaint Narrative Form*

Name of Officer(s)/ Employee(s) involved: * _____ *

* _____ *

Description of employee(s) if name is not known

Sex ___ Race ___ Height ___ Weight ___ Hair color ___ Eye Color ___

Vehicle Number or description _____

Uniform or Clothing Description _____

Witnesses:

Name: _____ Daytime Phone #: _____

Email Address: _____ Cellular Phone #: _____

Witness Address: Street _____ City _____ State _____ ZIP _____

Signature of Complainant: _____ Date: _____

Note: Any *intentionally* false or misleading accusations, statements, or allegations made against Department employees may lead to civil or criminal action against the complainant.

Department Use Only:

Person Receiving Complaint: _____ Date: _____

Assigned To: _____ Date: _____