



**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: \_\_\_\_\_