



# CITY OF NEWPORT NEWS

## *Office of the Sheriff*

### Citizen Complaint Form



Date: _____	Time: _____	Complaint No.: IA	1	8		
			Year	Julian Date	Sequence	

\_\_\_\_\_ *Complainant's Last Name*                      \_\_\_\_\_ *Complainant's First Name*

Address:	City:	State:	Zip:
Home Phone:	Work Phone:		

**Briefly State the Nature of the Complaint:**

Signature of Employee Taking the Complaint:		Unit No.:
Date of Incident:	Time of Incident:	
Deputy Involved:	Bureau:	Unit No.:
Deputy Involved:	Bureau:	Unit No.:
Deputy Involved:	Bureau:	Unit No.:

A copy of this form shall be forwarded to the Professional Standards Bureau.

Supervisor		
Date Received: / /	Date Complainant was Contacted: / /	Supervisor Signature:

Results:

Original to: \_\_\_\_\_ Internal Affairs  
Copy to: \_\_\_\_\_