

RADFORD UNIVERSITY POLICE DEPARTMENT
REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

Name of Complainant: _____

At what address can you be contacted?: _____

What phone number? Residence: _____ Employment: _____

Date and time of incident: _____

Location of incident: _____

Name of officer against whom complaint is being filed, or other identifying marks (car number, badge number, etc.):

Rank: _____ Name: _____

Badge #: _____ Vehicle: _____

Other: _____

Name(s) / address / phone number or other identifying information concerning witnesses:

Statement of allegation:

(If further space is needed, use reverse side of the sheet.)

I understand that this statement of complaint will be submitted to the Radford University Police Department and may be the basis for an investigation. Further, I declare and affirm that the facts concerned herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the police department, the officer or department employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry. If one is requested by an officer or department employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Check if complainant refused to sign