



Division of Capitol Police

Commonwealth of Virginia

CITIZEN COMPLAINT FORM

Citizen Information

Name: _____

Address: _____

Street/RFD

Town/City

State

Zip

Telephone Numbers: _____

Home

Work

Complaint Information

Date: _____ Location: _____

Name or description of person(s) against whom complaint is lodged:

Nature of Complaint: (If additional space is needed, please use back of form or attachments.)

Signature: _____ Date: _____

Employee Receiving Complaint: _____ Date: _____

The completed form may be turned in at any Division of Capitol Police facility or mailed directly to the Chief of the Capitol Police P.O. Box 1138 Richmond, Virginia 23218.