



**Division of Capitol Police  
Commonwealth of Virginia**

**COMPLAINT FORM**

Complainant (Print): _____	5. IA Complaint # : _____ (LEAVE BLANK – ADMINISTRATIVE USE ONLY)
Address: _____	6. Incident # : _____ (IF APPLICABLE)
Phone: Home _____ Work _____	7. Received: Date _____ Time _____  Personal <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/>  Other <input type="checkbox"/> _____
Nature of Complaint: Traffic <input type="checkbox"/> Criminal <input type="checkbox"/> Personnel <input type="checkbox"/> Other <input type="checkbox"/> (Explain) _____ Date _____ Time _____ Location _____ Allegation(s): _____	
Subject Employee: _____ Code #: _____ Shift/Section: _____	
Status: Priority <input type="checkbox"/> Routine <input type="checkbox"/> Assigned to _____ Date _____ Time _____ Employee Receiving Report _____ Code # _____ APPROVED (Chief or designee) _____ Subject Employee Notified: Date _____ Time _____ By _____ Final Letter Sent to Complainant: Date _____ By _____	