



CITY OF NEWPORT NEWS

Office of the Sheriff

Citizen Complaint Form



Date: _____	Time: _____	Complaint No.: IA	0	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:
Copy to:

Internal Affairs