

TAPPAHANNOCK POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Citizen Information

Name: _____

Address: _____
Street

City

State

Zip

Telephone Numbers: _____
Home or Cell Work

Complaint Information

Date: _____ Location: _____

Name of the Officer(s) and/or employees involved in complaint:

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 into the Tappahannock Police Department or mailed to Post Office Box 266 Tappahannock, Virginia 22560 Attention: Chief of Police