

Marion Police Department
307 South Park St. Marion, VA 24354
Office (276) 783-8145 Fax (276) 783-4001

CITIZEN COMPLAINT FORM

The Marion Police Department acknowledges its responsibility for providing a system to receive and investigate complaints from the community. No employee shall attempt to discourage, interfere, or delay an individual from making a complaint. Feedback from the community is appreciated and serves to assist us in maintaining the integrity of the agency. You will be advised in writing of the outcome of the investigation concerning your complaint. Please note that a disagreement over the validity of a traffic / vehicle code summons or parking ticket is NOT normally grounds for a complaint. The complainant shall be advised that this is a matter for adjudication by the proper court system.

COMPLAINANT INFORMATION

Name (Last, First, M.I.)		Telephone Number	
Street Address	City	State	Zip Code

WITNESS INFORMATION

1	Name (Last, First, M.I.)	Telephone Number		
Street Address		City	State	Zip Code
2	Name (Last, First, M.I.)	Telephone Number		
Street Address		City	State	Zip Code

COMPLAINT DETAILS

Date of Incident	Time of Incident	Location of Incident
Employee / Officer Involved (If Known)		
Details of Complaint or Criticism: (It is important to include as many details as possible to assist in the investigation of the incident. Please use reverse side of form if necessary.)		

By signing this form, you certify the statement above is true and accurate to the best of your knowledge and agree to appear before a board of inquiry, if the employee requests one, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant	Date
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Signature of Officer Receiving Complaint	Badge	Date Received	Time Received
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