

**ARLINGTON COUNTY POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM**

**Arlington County Police Department
Internal Affairs Section
1425 N. Courthouse Road
Arlington, VA 22201**

The Arlington County Police Department will investigate any reasonable allegation of misconduct by any of its members upon receipt of this form, properly executed and signed. The use of this form is a necessary prerequisite to the investigation of a complaint alleging misconduct. The Department does not condone misconduct by any of its members and will take appropriate action against any members found to be guilty of such misconduct. This completed form should be mailed to the address stated above.

Complete the following items fully.

Your Full Name _____

Your Street Address _____ Apt. No. _____

County or City _____ State _____ Zip Code _____

Home Telephone Number _____ Work _____

Date of Incident _____ Time of Incident _____

Name of Officer(s) _____

Description of Officer(s), if name not known:

Race: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____ Dress (uniform or plain clothes)

Identifying Characteristics _____

Officer's vehicle number or description (If name not known) _____

State your specific complaint(s) and explain the circumstances, giving relevant facts known to you. You may continue on the reverse or attach more sheets.

I, _____ do hereby affirm that the forgoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false misleading or untrue statements, accusations or allegations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil suit and/or criminal prosecution.

I realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of the Arlington County Police Department to discuss this complaint, either in the presence or absence of the accused officer(s), at the discretion of the Department. I accept the premise that if a Police Department disciplinary hearing or a Police Trial Board hearing results from my complaint, my testimony before such a hearing may be needed and I hereby agree to make myself available for such proceedings if requested to do so.

Signed _____ this ____ day of _____ in the year ____.

In the County/City of _____, State of _____

FOR DEPARTMENT USE ONLY

Complaint Number _____

Assigned to _____

Date _____