



PSU #: \_\_\_\_\_

**Portsmouth Police Department  
Citizen Complaint Form**

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Your Information</b>	Last Name		First Name		Middle Initial
	Street Address				
	City		State	Zip	Work Telephone
	Alternate Contact Information				Home Telephone

<b>Witnesses</b>	<b>Last Name</b>		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone
	<b>Last Name</b>		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone
	<b>Last Name</b>		First Name		Middle Initial	Home Telephone
	Street Address		City	State	Zip code	Work Telephone

<b>Employees</b>	Officers/Employees (List names, ID numbers, and/or car numbers)

<b>Incident</b>	Location of Incident	Date of Incident
	Give a brief explanation of the incident. A more detailed statement will be taken during your interview.	
CONTINUE ON PAGE TWO IF REQUIRED.		

PSU #: \_\_\_\_\_

Citizen Complaint Form *Continued*

Incident Continued	Incident Continued
A more detailed account of the incident will be taken during your interview.	

Charges	Were you arrested <input type="checkbox"/> Yes <input type="checkbox"/> No	Taken into custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court Date:
	Traffic Charges:		
	Criminal Charges:		

**Affirmation**

I, \_\_\_\_\_, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, in the City of Portsmouth, Commonwealth of Virginia.

**This complaint form is an official police document. If the information you provide on this form is not true and accurate to the best of your knowledge you may be prosecuted for violation of State Code 18.2-461 pertaining to filing a false report to law-enforcement officials.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

POLICE DEPARTMENT USE ONLY		
Received By	Date	Time
Professional Standards Case File #		