



BEDFORD POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

215 E. Main St. • Bedford, VA 24523 • Ph. 540/587-6011

DATE Reported: _____ Received by: _____

TIME Reported: _____ HOW Reported: _____ Phone _____ Mail _____ In Person _____
Anonymously

TYPE of Complaint: _____

**OFFICE
USE
ONLY**

COMPLAINANT'S INFORMATION

Name: _____
LAST FIRST MIDDLE

Address: _____

Cellph #: _____

Phone #: _____ Work #: _____

Occupation: _____

Assisted by: _____ Address: _____

Phone #: _____

OFFICER(S) INVOLVED:

Name (if known): _____ Badge #: _____

Name (if known): _____ Badge #: _____

If unknown, please give description: _____

WITNESSES

1. Name: _____ Address: _____
Phone #: _____

2. Name: _____ Address: _____
Phone #: _____

Additional witness information attached.

PLEASE DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY

SUPERVISOR COMMENTS

Name of Supervisor receiving complaint: _____

Forwarded to Deputy Chief _____ Date: _____ Empl Initials: _____

