

Incident Details		
Date of Incident	Time of Incident	Incident # (If Known)
Location of Incident		

Please provide a brief explanation of the incident:

I understand that this form will be submitted to the Berryville Police Department and my become the basis for an investigation. I declare and affirm that the facts contained on this form are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that I have voluntarily submitted this form without any persuasion, coercion, or promise of any kind.

I understand that, under the policies of the department, the employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing this form, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

This complaint is an official police document. If the information that you provided 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.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date