



Town of Farmville, Virginia Police Department

116 N. Main Street – PO Box 24 – Farmville, VA 23901
Phone: 434.392.9259 – Fax: 434.392.9901 – Internet: www.farmvilleva.com



Anthony Q. Ellington, Sr.
Chief of Police

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL OR SERVICE THIS FORM TO BE FILLED OUT COMPLETELY

1. Complaint: _____

2. Person Making Complaint: _____

Address: _____

Phone: _____

3. Name(s) of Alleged Victim(s): _____

Name: _____

Address: _____

Phone: _____

4. Nature of Complaint: _____

5. Date, Day & Time of Incident: _____

6. Location Where Incident Occurred: _____

7. Witness(es) to Event or Incident (Name, Address, Phone, Place of Employment):

8. Detailed Report of Complaint:

(Use Additional Paper If Necessary)

I do hereby certify that the above is true, accurate, and complete as best I can present the facts pertinent to this complain. I am available for interview by Detectives from _____ a.m. or _____ p.m. to _____ a.m. or p.m. on _____.

I understand that under the policy of the Farmville Police Department, if the complaint is filed against an employee, the employee may and is entitled to request a hearing before a Board of Inquiry and to testify under oath concerning all matters relevant to this complaint. I also understand that if a Board of Inquiry does hold a hearing concerning this matter, my failure to appear and testify will act to dismiss this complaint against the above named Officer(s). If a hearing is held, the Officer and/or his attorney have a right to be present and to cross examine me concerning any testimony that I might give. **Failure to sign this form will not preclude and internal investigation in this matter.**

Complainant's Signature

Date: _____ Time: _____