**Fluvanna County Sheriff’s Office Appointee Complaint Form**

Complainant Information

|  |  |
| --- | --- |
| Name: |        |
| Address: |       |
|  | Street/P.O. Box |
|  |       |
|  | Town/City | State | Zip |
| Telephone Numbers: |       |  |       |
|  | Home |  | Work |
| Anonymous [ ]  Third Party [ ]  | Does the complainant wish to be contacted? Yes [ ]  No [ ]  |  | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Complaint Information

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Location: |       |

Name or description of person(s) against whom complaint is lodged:

|  |
| --- |
|       |

Nature of Complaint: (If additional space is needed, please use back of form or attachments.)

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| --- | --- | --- | --- |
| Signature of Complainant: |  | Date: |       |
| Appointee Receiving Complaint: |  | Date: |       |

The completed form may be hand delivered, mailed, or faxed to the Fluvanna County Sheriff’s Office, 160 Commons Blvd., P.O. Box 113, Palmyra, VA 22963. Office Phone 1-434-589-8211, Fax 1-434-589-6594.