**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:

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|  |

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.