

# CITY OF FAIRFAX POLICE DEPARTMENT

## COMMENDATION / COMPLAINT / CONCERN FORM

Issue: <input type="checkbox"/> Commendation <input type="checkbox"/> Complaint <input type="checkbox"/> Concern		Reporting Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Walk-In	
Complainant Name:		Date Reported:	
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Home Phone:		Work Phone:	Other Phone:
E-Mail Address:			
Officer / Employee Involved:		Date:	
Location of Incident:		Time:	
Nature of Incident:			
<b>WARNING:</b> Section 18.2-461 of the Code of Virginia "It shall be unlawful for any person (i) to knowingly give a false report as to the commission of any crime to any law-enforcement official with intent to mislead" Violations of this code section are punishable as a Class 1 misdemeanor.			
<u>Describe What Occurred:</u>			
Continued on Next Page <input type="checkbox"/> Yes <input type="checkbox"/> No			
PSD Number: (Office Use Only)		Completed By:	
I HEREBY ACKNOWLEDGE THIS INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE :		Signature (Required):	

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