

WYTHEVILLE PUBLIC SAFETY

COUNCIL-MANAGER FOR OF GOVERNMENT SINCE 1924

DIRECTOR OF PUBLIC SAFETY
ALBERT L. NEWBERRY, JR.
276-223-3340



OPERATIONS CAPTAIN
JOEL L. HASH, JR.
276-223-3304

STAFF LIEUTENANT/FIRE & DISPATCH
THOMAS W. WHISMAN
276-223-3305

CHIEF OF POLICE
RICK W. ARNOLD
276-223-3310

185 WEST SPRING STREET
WYTHEVILLE, VIRGINIA 24382
TELEPHONE 276-223-3300
FAX 276-223-3313

POLICE LIEUTENANT – PATROL
STEPHEN C. BRALLEY
276-223-3424

Wytheville Public Safety Department CIVILIAN COMPLAINT REPORT FORM

INSTRUCTIONS FOR COMPLAINANT: Prepare this report in your own handwriting.

Complainant's Name: _____ Address: _____ Telephone Number: _____

Employer's Name: _____ Business Address: _____ Occupation: _____ Telephone Number: _____

Time and Date Reported: _____ Location Where Received: _____

Complaint Made: _____
In Person: _____ Mail: _____ Telephone: _____

Representative / Interpreter: _____ Person Assisting: _____ Address: _____ Telephone Number: _____

Name of member / employee complained of and ID Number (if known, provide description of member / employee and type of duty performed, e.g.: foot, auto, etc.)

Time and Date Occurrence: _____ Location of Occurrence: _____

Name of Witness: _____ Address: _____ Relationship: _____ Telephone Number: _____

Name of Witness: _____ Address: _____ Relationship: _____ Telephone Number: _____

Details of Complaint: (In your own handwriting, write a brief story of what happened. Use the reverse side of this form if more space is required.) _____

Rank: _____ Signature of Complainant: _____
Signature of Supervisor: _____

Signature of Person Assisting Complainant: _____