

**LA CROSSE POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM
La Crosse Police Department
Internal Affairs Section
202 Carolina Avenue
PO Box 178
La Crosse, Virginia**

The La Crosse Police Department will investigate any reasonable allegation of misconduct by any of its members upon receipt of this form, properly executed and signed. The use of this form is a necessary prerequisite to the investigation of a complaint alleging misconduct. The Department does not condone misconduct by any of its members and will take appropriate action against any members found to be guilty of such misconduct. This completed form should be mailed to the address stated above.

Complete the following items fully.

Your Full Name		_____	
Your Street Address		_____ Apt. No. _____	
County or City		_____	
State	Zip Code	_____	_____
Home Telephone Number (Include area code)		_____	
Other contact telephone number (Include area code)		_____	
Date of Incident	_____	Time of Incident	_____ AM PM
Name of Officer(s)		_____	
Description of Officer(s), if name not known:		_____	
Race:	Gender: Male Female	Age: (approximate)	_____
Height:	Weight:	Dress at Time of Incident: Uniform Civilian Clothes	
Identifying Characteristics:		_____	
Officer's vehicle number or description (If name not known)		_____	
State your specific complaint(s) and explain the circumstances, giving relevant facts known to you. _____			

You may continue on the reverse or attach more sheets.

I, _____, do hereby affirm that the forgoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false misleading or untrue statements, accusations or allegations herein made by me, in relation to this complaint, either orally or in writing, to any person or persons investigating this complaint, may subject me to civil suit and/or criminal prosecution. I realize that it may become necessary in the investigation of this complaint for me to meet with a member or members of the La Crosse Police Department to discuss this complaint, either in the presence or absence of the accused officer(s), at the discretion of the Department. I accept the premise that if a Police Department disciplinary hearing or a Police Trial Board hearing results from my complaint, my testimony before such a hearing may be needed and I hereby agree to make myself available for such proceedings if requested to do so.

Signed _____ this ____ day of _____ in the year _____. In the
County/City of _____, State of _____

FOR DEPARTMENT USE ONLY

Complaint Number

Assigned to _____

Date _____
