



Fairfax County Independent Police Auditor Complaint Form

Submission Options	
Hand Deliver or Mail to:	Office of the Independent Police Auditor 12000 Government Center Parkway, Suite 233A Fairfax, VA 22035
Call:	703-324-3459, TTY 711
Email:	IPAPoliceAuditor@fairfaxcounty.gov

The Independent Police Auditor reviews police investigations involving use of force. If your complaint does not involve the use of force, complete the Police Civilian Review Panel Complaint Form and the Panel will review allegations of serious misconduct and abuse of authority.

This form and information on the complaint process may be accessed at www.fairfaxcounty.gov/policeauditor. Brochures with complaint forms in English, Korean, Spanish, and Vietnamese are also available.

Contact Information		
Name:		
Telephone:	Email:	
Address:		
City:	State & Zip Code:	
Gender:	Age:	Race/Ethnicity:
Are you submitting this form on behalf of someone else? <i>If yes, please provide his or her contact information.</i>	YES NO	<i>Contact information:</i>
If yes, does the person know you are filing this complaint?	YES NO	

The Independent Police Auditor issues a public report for each review conducted. All information provided is subject to the provisions of the Virginia Freedom of Information Act, Virginia Code Sections 2.2-3700, et seq.

Who Were the Fairfax County Police Department ("FCPD") Officer(s) Involved?
<p>Describe the officer(s). <i>Provide any known information about the FCPD officer(s)/employee(s) involved in the incident. Helpful information includes: Name, Badge Number, Police District, Physical Description (Age, Race, Gender, Height, Weight, Hair/Eye Color, Clothing), Vehicle Number/Description (Color, Make, Model). Attach additional information if necessary.</i></p>

Did Anyone Witness/See What Happened?
<p><i>Provide contact information (name, phone, email, address) for any witnesses to the incident. Indicate if the witness(es) are aware that you are submitting this complaint. Attach additional information if necessary.</i></p>

For questions or more information, contact us at 703-324-3459, TTY 711 or visit:
www.fairfaxcounty.gov/policeauditor

What Happened?

Provide the incident date, time, location, and details. Attach additional information if necessary.

Incident Date:

Incident Time:

Incident Location:

Incident Details:

Is the incident described above the subject of a court proceeding?

If yes, please attach a description of the proceedings.

YES

NO

Has the Fairfax County Police Department been asked to investigate this incident in the past? *If yes, please attach any correspondence you received from the FCPD.*

YES

NO

If the incident described above has not been investigated by the FCPD, the Independent Police Auditor must send the complaint to the FCPD for investigation. The FCPD may contact you as a part of the investigation process.

By signing this form, I certify that the statements made herein, and on any attached documentation, are true and complete to the best of my knowledge, information, and belief.

Signature:

Date:

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