



## Fairfax County Police Civilian Review Panel Complaint Form

SUBMISSION OPTIONS	
<b>Hand Deliver or Mail to:</b>	Office of the Police Civilian Review Panel 12000 Government Center Parkway, Suite 150A Fairfax, VA 22035
<b>Call:</b>	703-324-2502, TTY 711
<b>Email:</b>	<a href="mailto:PoliceCivilianReviewPanel@fairfaxcounty.gov">PoliceCivilianReviewPanel@fairfaxcounty.gov</a>

This form and information on the complaint process may be accessed at [www.fairfaxcounty.gov/policecivilianreviewpanel](http://www.fairfaxcounty.gov/policecivilianreviewpanel). Brochures with complaint forms in English, Korean, Spanish, and Vietnamese are also available.

CONTACT INFORMATION	
<i>The identity of a juvenile or a victim of sexual assault will remain confidential consistent with the Board Agenda Item dated February 28, 2017, ACTION-17 at p. 275, and to the extent allowed under the Virginia Freedom of Information Act, Virginia Code Sections 2.2-3700, et seq.</i>	
<b>Name:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>State &amp; Zip Code:</b>
<b>Were you a participant in the incident?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Were you a witness to the incident?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you submitting this form on behalf of someone else?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please provide his or her contact information.</i>
<b>If yes, does the person know you are filing this complaint?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

DEMOGRAPHIC INFORMATION		
<b>Gender:</b>	<b>Age:</b>	<b>Race/Ethnicity:</b>

Who Were the Fairfax County Police Department (FCPD) OFFICER(s) Involved?
<b>Describe the officer(s).</b> <i>Provide any known information about the FCPD officer(s)/employee(s) involved in the misconduct. 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>

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

For questions or more information, contact us at 703-324-2502, TTY 711 or visit:  
[www.fairfaxcounty.gov/policecivilianreviewpanel/](http://www.fairfaxcounty.gov/policecivilianreviewpanel/)

**What Happened?**

*Provide the incident date, time, location, and details. If the misconduct occurred on multiple days, times, or locations, list each to your best recollection. Attach additional information if necessary. If you want the Panel to review a completed FCPD Investigation, please state the reasons for your request.*

<b>Incident Date:</b>	<b>Incident Time:</b>
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**Incident Location:**

**Incident Details:**

<b>Is the incident described above the subject of a court proceeding?</b> <i>If yes, please attach a description of the proceedings.</i>	<b>YES</b>	<b>NO</b>
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<b>Has the FCPD been asked to investigate this incident in the past?</b> <i>If yes, please attach any correspondence you received from the FCPD. If no, the FCPD may contact you as a part of the investigation process.</i>	<b>YES</b>	<b>NO</b>
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**Please Note: The Panel is required to forward all complaints to the FCPD upon receipt**

**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.**

<b>Signature:</b>	<b>Date:</b>
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