



# CITIZEN COMPLAINT REPORT

SD313-154 (08/24/16)

This form should be used exclusively to report Campus Security member misconduct. Complaints regarding Campus Security procedures or security response time to a location should be discussed with the Director of Campus Security. Upon completion of this form, you may either return it in person to the Campus Security Station, or mail it to: Director of Campus Security, 7916 Williamson Rd, Box 9525, Roanoke, VA 24020. Please make a copy of this form to keep for your personal records.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

List the Names, or Unit Numbers of Members Involved (If known):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the Names, addresses, telephone numbers of witnesses present at the time of occurrence (If known):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(LIST ADDITIONAL MEMBERS AND/OR WITNESSES UNDER THE "DETAILS" SECTION)

Details – (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If member names are unknown, explain what each member looked like.

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