

WE WANT TO HEAR FROM YOU

Please print and complete the **COMPLAINT** form below. The form can be mailed or delivered in person to:

VCU Police Department
938 West Grace Street
P.O. Box 842024
Richmond Virginia 23284-2024

YOUR INFORMATION:

Name: _____

E-Mail Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

DETAILS:

Tell us about the incident, including the date, time and location

EMPLOYEE INVOLVED:

List the name of the police employee involved, witnesses, and any other involved parties.
