



Glendell Hill
Sheriff

OFFICE OF THE SHERIFF

9311 Lee Avenue

Manassas, Virginia 20110

(703) 792-6070
FAX (703) 792-7485

Attn: Office of Professional Standards Comment Form

Nature: **Observation** **Commendation** **Complaint** **Other**

Received: **In Person** **By Mail** **By Telephone** **Anonymously**

Your Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ City/State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Please enter the Deputy(s)/Employee(s) name(s) and/or descriptions: _____

Location of Event or Incident: _____

Date of Event/Incident: _____ Time of Event/Incident: _____

State your specific commendation or complaint and explain the circumstances, giving the relevant facts known to you:

AFFIRMATION

I, _____, do hereby affirm that the foregoing information by me is true and complete to the best of my knowledge and belief. I understand that any false or misleading statements, accusations or allegations made by me in relation to this report, either orally or in writing, may subject me to civil action and/or criminal prosecution.

I realize that to assure a thorough investigation of this matter, it may become necessary for me to meet with representatives of the Prince William County Sheriff's Office for the purpose of discussing the incident in detail. I hereby agree to make myself available at reasonable times and places as may be necessary for interviews, etc.

Date: _____

Signature

Office Use Only

Date and Time Received: _____ **Incident Number** _____

A Virginia Accredited Law Enforcement Agency