SP-163 (Revised 1-31-21)

**Virginia State Police Complaint Form**

Complainant’s Information: (To be completed by the complainant or receiving employee)

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
|  |       |
| Phone No.: |       |       |       |
|  | Home: |  | Work: |  | Cellular: |  |  |
| Email: |       | Text: | Yes[ ]  | No[ ]  |

Information Regarding the Complaint of alleged improper action by a Virginia State Police Employee:

|  |  |
| --- | --- |
| Name of the Employee: |       |
| If name is unknown, please provide a description: |       |
| Date of the Incident: |       | Location: |       |

Nature of the Complaint: (Please describe what happened; attach additional pages if necessary.)

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| --- | --- | --- | --- |
| Signature of Complainant |  | Date: |       |

The completed form may be turned in to any Virginia State Police facility, mailed to the Office of Internal Affairs at P.O. Box 27472, Richmond, Virginia 23261 or emailed to IAUnit@vsp.virginia.gov

The below section is for Virginia State Police internal use only:

|  |  |
| --- | --- |
| IA Case #: |       |
| LEAMS Case #: |       | (if applicable) |
| Date Received: |       | [ ]  Phone [ ]  In Person [ ]  Mail [ ]  E-Mail [ ]  Other |
| Brief description of Allegation: |       |
|       |
|       |
|       |
| Name of the Employee the Complaint is against: |       |
| Code #: |       | Division: |       | Area: |       |
| SP-163 Submitted to the Office of Internal Affairs | [ ]  Mail [ ]  In Person [ ]  Secure E-Mail [ ]  Fax |
| By whom: |       | Date: |       |
| Assigned to: |       | Date: |       |
| Employee Receiving the Report: |       | Code #: |       |

Instructions

The SP-163 is designed to record the initial complaint details and can be filled out by either the complainant or the employee receiving the complaint.

Complainant’s Information: This section records information on the individual who is alleging improper action by a VSP employee.

Name: Please provide the name of the individual alleging wrongdoing.

Address: Provide the Street and mailing address of the individual making the complaint.

Telephone Numbers: Provide the home, work and cellular phone numbers of the individual making the complaint.

Text: Indicate if the individual making the complaint can receive text messages via his/her cellular phone by marking yes or no.

E-mail address: Provide the email address of the individual making the complaint.

Information Regarding the Employee: This section records information on the VSP employee who is alleged to have committed an improper action.

Name of the Employee: If you can identify the employee by name, please indicate in this space.

If name unknown, please provide a description: If you cannot identify the employee by name, please provide a physical description (if known), a work location (section), or any other information that would be helpful in identify the specific VSP employee.

Date of Incident: What date did this improper action happen? You may provide a range of dates, or simply indicate unknown if a specific date cannot be identified.

Location: Provide a location of this incident, if known.

Nature of the Complaint: Describe what happened. You may attach additional pages if necessary.

Signature of the Complainant: Please sign the complaint. A signature is NOT required.

Date: Enter the date the complaint was submitted to the VSP.

For Virginia State Police Internal Use Only:

IA Case #: This will be provided by the Office of Internal Affairs.

LEAMS Case #: This will not apply to all complaints, only those with criminal allegations.

Date Received: The date the VSP employee received the complaint. Check the box to note the manner in which it was received.

Brief Description of the allegation: Provide a brief description of the alleged improper conduct only if it is not included in the Nature of Complaint section above.

Name of the employee the complaint is against: self-explanatory

Code #, Division, Area: self-explanatory

SP163 submitted to the Office of Internal Affairs: Indicate the method by which the SP-163 was submitted.

By Whom: self-explanatory Date: self-explanatory

Assigned to: This block is to note who will be investigating the complaint. If unknown, leave blank.

Employee Receiving the Report: Name of the employee who received the initial complaint. Code #: self-explanatory