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](mailto: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