University of Richmond Police Department
Report of Complaint

1: Date Complaint Made: __________________________ Time: _______________
2: Complaint Against: ____________________________________________
3: Person Making Complaint: _______________________________________
   Address: ________________________________________________________
   Phone: __________________________________________________________
4: Name(s) of alleged Victims:
   Name: __________________________________________________________
   Address: ____________________________ Phone: ______________________
5: Date of Occurrence: _______________________________________________
6: Statement of Complaint:
   Please include all information. Use additional pages if needed.
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Complaint Received by: ______________________________ Date: ______________
Forward to: ________________________________________ Date: ______________