

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: _____