



MIDDLE RIVER REGIONAL JAIL

Serving Staunton, Waynesboro, Harrisonburg and
the Counties of Augusta and Rockingham

CITIZEN COMPLAINT REPORTING FORM

Name of Employee: _____

Name of Complainant: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Email: _____

Location of Incident: _____

Date/Time of Incident: ___ / ___ / ___ _____ A.M. P.M

Complaint: _____

NOTICE:

**Any False Statements Against An Employee of Middle River Regional Jail May Be Prosecuted To The
Fullest Extent Of The Law.**

OFFICIAL USE ONLY

Received and Logged By: _____

Date/Time: _____

Referral for Investigation to: _____

Date/Time: _____

Forwarded to Superintendent: Yes No

If Yes, Date/Time: _____

Follow-Up with Complainant:

