ISLE OF WIGHT COUNTY SHERIFF'S OFFICE COMPLAINT/INTERNAL AFFAIRS REPORTS

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ISLE OF WIGHT COUNTY SHERIFF'S OFFICE

PO Box 75, 17110 Monument Circle, Isle of Wight, VA 23397 Phone (757) 357-2151 Fax (757) 357-0706 ACCREDITED AGGENCY AJUSTIC

Jame R. Clarke, Jr. Sheriff

REPORT OF COMPLAINT AGAINST LAW ENFORCEMENT PERSONNEL

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Name of complainant:				
Address where you can be contacted:				
Phone Numbers: Home: W	Vork:		Cell:	
Date and time of incident:				
Location of incident:				
Name of deputy(s) or employee(s) against whom this complaint is being filed, or other identifying information (car number, unit number, etc.)				
Name:		ID#:	Rank:	
Vehicle:	Unit#:			
Name:		ID#:	Rank:	
Vehicle:	Unit#:			
Name:		ID#:	Rank:	
Vehicle:	Unit#:			

Names, addresses, phone numbers, or other identifying information concerning any witnesses, if applicable:

I understand that this statement of complaint is being submitted to the Isle of Wight County Sheriff's Office and may be the basis for an internal investigation. Further, I truthfully declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that I can be criminally charged, if it is determined that I have filed a false report.

I understand that, under the policy of the Isle of Wight County Sheriff's Office, the facts of this complaint will be investigated and later reviewed by an internal affairs investigator. By signing and filing this complaint, I hereby agree to appear before an internal affairs investigator to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Signature of Person Receiving Complaint

Date



Jame R. Clarke, Jr. Sheriff

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ADMINISTRATIVE PROCEEDINGS RIGHTS NOTICE OF ALLEGATIONS

NAME _____ DATE ____ TIME ____

Section 9.1-501 of the Code of Virginia provides that whenever an investigation by an agency focuses on matters, which could lead to the dismissal, demotion, suspension or transfer for punitive reasons of a lawenforcement officer, the following conditions shall be compiled with:

- Any questioning of the deputy shall take place at a reasonable time and place as designated by the 1. investigating officer, preferably when the deputy under investigation is on duty and at the office of the investigating officer unless circumstances dictate otherwise.
- Before questioning the deputy, he shall be informed of (1) the name and rank of the investigating 2. officer and (2) of any person to be present during the questioning and (3) the nature of the investigation.

Sheriff's Office policy provides that:

- 1. You are entitled to read the complaint lodged by the complainant.
- Refusal to answer all questions pertaining to the allegations made by the complainant, either orally or 2. in writing, shall be grounds for disciplinary action and may result in dismissal from the Sheriff's Office.
- The answers given during the investigation of an administrative matter will not be used against you in 3. any criminal proceedings.
- The answers given do not constitute a waiver of your privilege against self-incrimination as related to 4. criminal matters.
- Prior to being criminally charged, and/or during an administrative investigation, no attorney will be 5. permitted to be present.

Accordingly, you are hereby advised that the following allegations have been directed to you:

COMPLAINANT(S): 1. _____ 2. ____

The undersigned hereby acknowledges receipt in writing of the charges or allegations against him/her and his/her rights as pertaining to administrative proceedings.

Signature

Witness



Jame R. Clarke, Jr. Sheriff

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> **POLYGRAPH EXAMINATION** ACKNOWLEDGEMENT OF RIGHTS

I, _____ have been ordered by

Sheriff James R. Clarke, Jr. to submit to a polygraph examination as a condition of employment in connection with the investigation of:

I understand that my answers to such examination, as they relate to the above-referenced investigation, will not be used to prosecute me. _____ (initial)

I understand my refusal to submit to such examination or refusal to answer questions pursuant to such examination shall lead to disciplinary action, which may include termination of my employment. _____ (initial)

I understand that my responses do not constitute a waiver of my privilege against selfincrimination as it relates to criminal matters. _____ (initial)

I understand my refusal to sign this form shall lead to disciplinary action which may include termination of my employment. _____ (initial)

Employee Signature

Witness Signature

Date

Date



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Jame R. Clarke, Jr. Sheriff

CERTIFICATE TO BE COMPLETED IN THE EVENT OF REFUSAL TO SIGN POLYGRAPH EXAMINATION ACKNOWLEDGEMENT OF RIGHTS FORM

I,		, hereby certify the Polygraph Examination
	(Name)	

Acknowledgement of Rights Form was presented to

(Name and Rank)

refused in my presence to sign the Polygraph

on this date. The contents of the form were made known to him/her, and that failure to sign the

form was grounds for disciplinary action, including dismissal from employment, the said

employee,

(Employee)

Examination Acknowledgement of Rights Form.

Employee Signature

Witness Signature

Date

Date