

## HOW TO FILE A COMPLAINT

Should you feel that an employee has acted below the accepted standards of the Northern Neck Regional Jail or you find that an aspect of a jail operation was inappropriate, you may file a complaint. The appropriate method to file a complaint is outlined below.

- a. Come to the Northern Neck Regional Jail and tell an employee that you want to file a complaint. You will be directed to the appropriate staff member; or
- b. Call the Northern Neck Regional Jail and press four (4) for Family Liaison to request that a complaint form be mailed to you. You will need to provide the appropriate mailing address; or
- c. Download the complaint form with instructions from the Northern Neck regional Jail Website at ([www.nnrj.state.va.us](http://www.nnrj.state.va.us)) and select "About Us" from the Menu.
- d. Mail completed forms to:

Jail Superintendent  
P.O. Box 1090  
Warsaw, VA 22572.

Your complaint will be reviewed by the Superintendent and handled in the most expeditious manner possible. Your issue may require that we contact you to obtain additional information.

**NORTHERN NECK REGIONAL JAIL  
CITIZEN COMPLAINT FORM**

**CONFIDENTIAL**

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Person Filing Complaint (Last, First, MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Involved Employee(s) (Name or description): \_\_\_\_\_

Name(s) address, phone number or other identifying information concerning  
Witness: \_\_\_\_\_

Describe in detail what happened: \_\_\_\_\_

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(Attach additional sheets if more space is needed)

I understand that I may be contacted and asked further questions and I further understand that I may have to testify under oath concerning all matters relevant to this complaint.

I understand that this statement will be submitted to the Northern Neck Regional Jail and may be the basis for an investigation. Further, I certify that the statements given by me herein are accurate and true to the best of my knowledge. 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 making intentional false declarations to public servants or untrue statement under oath of affirmation may be punishable by law.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

(\_\_\_\_\_) check if complainant refused to sign

\_\_\_\_\_  
Signature of Staff Person Receiving Form

\_\_\_\_\_  
Date and Time Form Received

(This page must be attached to page 1 of complaint form)

Mail completed form to:

Jail Superintendent  
P.o. Box 1090  
Warsaw, Va. 22572