

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 five (5) for Human Resources and 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) 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.

ALL INVESTIGATIONS REQUIRE FIRST HAND OR DIRECT INFORMATION TO INITIATE AN INVESTIGATION..... RUMOR, OPINION OR "WHAT YOU WERE TOLD" DOES NOT CONSTITUTE A BASIS FOR INVESTIGATION.

IF YOUR COMPLAINT INVOLVES THE CONDITIONS OF CONFINEMENT OF AN INMATE HELD IN THIS FACILITY, IF NECESSARY, THE INVESTIGATION WILL TRANSFER TO HIM/HER FOR FURTHER INQUIRY AND/OR RESOLUTION.

IN THAT CIRCUMSTANCE, HE OR SHE BECOMES THE PRIMARY POINT OF CONTACT FOR NOTIFICATION AND RESPONSE.

**NORTHERN NECK REGIONAL JAIL
CITIZEN COMPLAINT FORM**

CONFIDENTIAL

Person Filing Complaint (Last, First, MI): _____

Mailing Address: _____

Email Address: _____

Phone: _____

Do you wish to be contacted with a response: [] Yes [] No

If yes, the investigated response will be provided in writing and sent to the specified email address or physical address. No verbal response will be provided.

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: _____

(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 is NOT optional and is required to initiate an investigation.

Signature of Complainant

Date

Hand Deliver/Mail/Fax the completed form to:

A Control Officer
Northern Neck Regional Jail

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

Jail Superintendent
Fax - 804-333-6029

Administrative Processing

(____) 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)