

III. OFFICER INFORMATION (To the best of your knowledge)

34. Officer's Name (First, MI, Last)		35. <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown		36. <input type="checkbox"/> Uniformed <input type="checkbox"/> Plainclothes		37. <input type="checkbox"/> Marked Vehicle <input type="checkbox"/> Unmarked Vehicle <input type="checkbox"/> Other	
39. Age	40. Race/Ethnicity	41. Gender/Gender Identity	42. ID#	43. Rank			

IV. WITNESS INFORMATION (If applicable)

45. Witness's Name (First, MI, Last)		46. Home Address		47. City	48. State	49. Zip
		Same as Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No				
50. Date of Birth (MM/DD/YYYY)		51. Age	52. Race/Ethnicity	53. Gender/Gender Identity		
54. Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		55. Alternate Contact Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		56. Email Address		

V. MEDIATION

<p>Are you interested in mediating this complaint? Mediation offers a safe space for complainants and police officers to discuss and resolve the complaint in a fair and impartial way by creating understanding and actively participating in finding a solution. Please be advised, if mediation is successful, no disciplinary action will be taken against the police officer.</p>		
57. <input type="checkbox"/> Yes, I am interested in mediating this complaint	58. <input type="checkbox"/> No, I am not interested in mediating this complaint	59. <input type="checkbox"/> I do not know/I need more information about mediation

VI. SIGNATURE OF PERSON COMPLETING THIS FORM

I understand that this statement will be submitted to the Mount Airy Police Department will be the basis for an investigation. The facts contained in my narrative statement are true to the best of my knowledge and belief. In addition, I declare and affirm that I have given my statement voluntarily and without persuasion, coercion, or promise of any kind.

Please Print Name: _____

Signature: _____ Date: _____

