



**City of Virginia Beach
Investigation Review Panel (IRP)
REQUEST FOR REVIEW**

Complainants must file an appeal within 30 calendar days upon receipt of the Virginia Beach Police Department complaint investigation results.

REQUEST DATE: _____ **POLICE CASE FILE NO:** _____

NAME: _____ **PHONE:** _____ (Home)
ADDRESS: _____ (Work)
_____ (Cell)

Please Note: It is your responsibility to notify Human Resources at (757) 385-8374 if your contact information changes.

List all of your allegations, issues or complaints briefly, but thoroughly, **AND** list your evidence and information in support of each allegation, issue or complaint. **Please Note: only information listed on this form can be presented at the IRP Review Hearing, except as deemed appropriate by the Investigation Review Panel.**

DATE & TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____
OFFICER(S) INVOLVED: _____

List individuals (names, addresses, phone numbers) you believe will provide material information in support of your appeal: _____

REASONS FOR APPEAL (Use additional pages if necessary)

(1st) ALLEGATION: _____

SUPPORTING EVIDENCE: _____

(2nd) ALLEGATION (if any): _____

SUPPORTING EVIDENCE: _____

SIGNATURE: _____

Mail or hand-deliver this form to: Virginia Beach Investigation Review Panel
c/o Human Resources Department
Municipal Center, Bldg 18
2424 Courthouse Drive, Room 106
Virginia Beach, VA 23456
For more information, call (757) 385-8374