



CITIZEN COMPLAINT FORM

COMPLAINANT INFORMATION:

Name: (Last) (First) (Middle)

Address:

Telephone Number: Home () - Work () -

INCIDENT INFORMATION:

Date: / / Time: : a.m./p.m. Number of Employees Involved:

Location:

DESCRIPTION OF COMPLAINT: (BE DETAILED)

WITNESS INFORMATION:

Name: (Last) (First) (Middle)

Address:

Telephone Number: Home () - Work () -

Name: (Last) (First) (Middle)

Address:

Telephone Number: Home () - Work () -

Name: (Last) (First) (Middle)

Address:

Telephone Number: Home () - Work () -

Name: (Last) (First) (Middle)

Address:

Telephone Number: Home () - Work () -

EMPLOYEES INVOLVED: (If known)

Name: (Last) (First) (I.D. Number)

Name: (Last) (First) (I.D. Number)

Name: (Last) (First) (I.D. Number)

Name: (Last) (First) (I.D. Number)

Complainant's Signature: _____ **Date:** / /

Name of Sheriff's Office employee to whom this Complaint Form is given:

_____ **Date:** / /

Distribution: Original – PER 8
Copy - To Complainant as receipt