



CITIZEN'S COMPLAINT FORM

Date: _____

Name: _____

DOB: _____

Address: _____

Day Phone: _____

Night Phone: _____

What is your complaint?

Date, Location, Time Incident Occurred:

Who was there and/or witnessed the incident (include address and phone if known):

OFFICE USE ONLY

Employee Receiving Report: _____ Date: _____ Time: _____

DIVISION COMMANDER REVIEW

Resolved: Yes _____ No _____ Requires Follow-up: Yes _____ No _____

Division Commander Signature: _____ Date: _____

SHERIFF REVIEW

Sheriff Signature: _____ Date: _____