

Complaints Against Personnel

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

Name of Complainant: _____

At what address can you be contacted? _____

What phone number? Residence: _____ Employment: _____

Date and time of incident: _____

Location of incident: _____

Name of deputy(s) against whom complaint is being filed, or other identifying marks (car number, description of person, etc.)

Appointee's Name: _____

Rank/Title: _____ Unit Number: _____

Vehicle I.D. #: _____ Type/Description of Vehicle: _____

Name(s) / address / phone number or other identifying information concerning witnesses:

Statement of allegation: (If further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Sheriff of Page County and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. 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, under the regulations of the Sheriff's Office, the appointee against whom this complaint is filed may be entitled to request a hearing before a Board of Inquiry. By signing and filing this complaint, I hereby agree to appear before a Board of Inquiry, if one is requested by the appointee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant: _____

Date: _____ Check here if complainant refused to sign: _____

Signature of Person Receiving Complaint: _____

Date & Time Received: _____