

**COUNTY OF CAMPBELL
SHERIFF ' S OFFICE
CITIZEN COMPLAINT FORM
CONFIDENTIAL**

This form should be completed in accordance with General Order 300.

Name of Complainant: _____ Date: _____

Address: _____

SSN#: _____ DOB: _____ Race: _____ Sex: _____

Phone Number: Residence: () _____ Employment: () _____ Ext. _____

Date & Time of Incident: _____

Location of Incident: (Be as accurate as possible) _____

Name of Deputy(s) or Employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Employee: (1) _____ Badge #: _____

Employee: (2) _____ Badge #: _____

Employee: (3) _____ Badge #: _____

Has the Complainant made a previous complaint against the Deputy(s) and/or the Department, and if so, what were the circumstances? _____

Is there any relationship of any kind between the Employee(s) and Complainant? _____

Name(s), addresses, phone numbers or other identifying information concerning witness(es): _____

I understand that this statement of complaint will be submitted to the Sheriff and may be the basis for any 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.

Signature of Complainant

Date

Signature of Supervisor Taking Complaint

Date

Check if complainant refused to sign: _____

Sheriff=s Office Use Only:

Original to Division Commander: _____ To Chief Deputy: _____ Yes _____ No

Assigned to IA: _____ Date: _____ Control #: _____

Comments: _____

