



COMMUNITY COMPLAINT REPORT

CONTROL NO. _____

TIME and DATE OF OCCURRENCE	LOCATION OF OCCURRENCE	TICKETS OR REPORT NUMBERS, ETC.		
COMPLAINANT'S NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE TELEPHONE NUMBER (OPTIONAL)	
WITNESS NAME LAST	FIRST	RACE	SEX	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
EMAIL ADDRESS (OPTIONAL)			ALTERNATE TELEPHONE NUMBER (OPTIONAL)	
NAME OF SHERIFF'S OFFICE MEMBER COMPLAINED OF (If unknown, provide description of deputy and type of duty performed, e.g., foot, auto, detective, etc.)		SERIAL NUMBER	ELEMENT OF ASSIGNMENT	

PLEASE PRINT DETAILS OF THE COMPLAINT *(Use reverse side of form if more space is required)*

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN BY ME HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE. I UNDERSTAND THAT MAKING UNTRUE DECLARATIONS TO PUBLIC SERVANTS OR UNTRUE STATEMENTS UNDER OATH OR AFFIRMATION ARE PUNISHABLE BY LAW AS A FELONY OR MISDEMEANOR. IF I DO NOT COOPERATE FULLY WITH THE COMPLAINT PROCESS, MY COMPLAINT WILL BE CLOSED WITH NO FURTHER ACTION OR CONTACT FROM THIS OFFICE.

SIGNATURE OF COMPLAINANT _____

OFFICE MEMBER RECEIVING COMPLAINT				
RANK _____	SIGNATURE _____	SERIAL # _____	DATE _____	TIME _____ LOCATION _____

