

## REPORT OF COMPLAINT AGAINST SHERIFF'S PERSONNEL

CONFIDENTIAL

Name of complainant: \_\_\_\_\_

At what address can you be contacted: \_\_\_\_\_

What phone number? Residence: \_\_\_\_\_ Work: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of deputies or employees against whom complaint is being filed, or other identifying marks (vehicle tag number, color, type etc.)

Rank: \_\_\_\_\_ Name: \_\_\_\_\_

I.D. # \_\_\_\_\_ Badge: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Name(s)/address/phone number or other identifying information concerning any witnesses, if applicable:

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Statement of allegation:

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

I understand that this statement of complaint will be submitted to the Colonial Heights Sheriff 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.

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Signature of Complainant

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Date

Check if complainant refused to sign

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Signature of Person Receiving Complaint

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Date and Time Received

Appendix to Policy 1-15