

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:

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 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.

Signature of Complainant Date

___ Check if complainant refused to sign

Signature of Person Receiving Complaint Date and Time Received