



Office of the Sheriff
Michael D. Andrews, Sheriff

COMPLAINT FORM FOR CITIZENS

Nature:		OCA #:	
Citizen's Name:		Race & Sex:	
Home Address:			
City:	State:	Zip:	
Home Phone:	Business Phone:		
Other Phone:			
If applicable, please list other complaints and/or witnesses:			
Officer/Employee involved:		Division:	
Officer/Employee involved:		Division:	
Location of incident:			
Date & Time of incident:			
Complaint received by:		Date:	
Forwarded for resolution to:		From:	
Re-Forwarded for resolution to:		From:	
Summary of Incident (___ Additional information attached.)			
Resolution: (___ Additional information attached.)			
Citizen notified by Phone _____ Mail _____			
Officer submitting form to Chief Deputy:		Date:	