

**CITIZEN COMPLAINT REPORT**

**General Order 05-0001.**

Dear Citizen:

This Form is being provided to you in order to initiate the formal administrative complaint process. We appreciate your effort to bring your complaint to our attention. Please fill in the report below. Remember to be as clear and as specific as possible. We cannot assure complete confidentiality since this report will be used as the basis of our investigation, but we will treat the information you give as professionally as possible.

*If this complaint involves allegations of Racial Profiling, please be aware that you may also file complaints with the Kansas Attorney General's Office and/ or the Kansas Human Rights Commission, Kansas law mandates that some of the non-identifying information contained in this complaint shall be submitted by this office to the Kansas Attorney General's Office*

Thank you for your concern and your cooperation.

**Murray A Marston**

Sheriff

Ellsworth County, KS.

**Name and Address**

Last Name	First	Middle	D.O.B.	Sex
Address	City	State	Zip	
Phone Number				

**Location of Incident**

Place:		
Date:	Time:	AM/PM
Name of Officer:	Badge #	
Description of Officer:		

**Please Describe Your Complaint (print or type)**


Your Signature	Date
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**\*\*\* Please send or bring your completed Complaint Form to:  
Ellsworth County Sheriff's Office  
212 North Kansas  
Ellsworth, Kansas. 67439  
Attn: Murray A Marston**