



CALHOUN COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

This form should be used to register a complaint against any employee of the Calhoun County Sheriff's Office whose conduct, behavior, or actions is considered improper, unnecessary, or inappropriate.

Please print all information clearly and legibly on the spaces provided so the department's investigation into your allegations can proceed as quickly as possible. If you need assistance in completing this form, please contact the Shift Commander. You will be contacted at a later time with regard to your complaint and the status of the investigation.

COMPLAINT INFORMATION

Your Name

Today's Date

Your Address

Date/Time of Incident

Telephone (Work-Home)

Location of Incident

Employee(s) involved:
(if known)

Witness to incident:
(if any)

Name

Address

Phone

Name

Address

Phone

COMPLAINT SUMMARY

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and use additional paper if needed.

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COMPLAINT SUMMARY (continued)

The complaint as stated above is in my own words and details my personal experience with and/or observations of an employee of this Office. To the best of my knowledge, the above allegations are true and were made in good faith. I understand that any untrue statements intentionally made could result in civil action being taken against me by either the Calhoun County Sheriff's Office, the employee subject to this complaint, or both.

Signature of Complainant: _____ Date: _____

Signature of employee to whom this form was given: _____

Rank: _____ Division: _____

Assignment: _____