Sheriff Mark Hunter

COLUMBIA COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

A. REPORTING CITIZEN'S INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____

Email Address: _____ Best Time to Contact: _____

B. INFORMATION ABOUT THE EMPLOYEE(S) INVOLVED IN THE INCIDENT

(Please complete all known information)

Employee Involved:

Name: _____ ID #: _____ Vehicle #: _____

Physical Description of Employee: _____

_____

_____

Second Employee Involved: (If Applicable)

Name: _____ ID #: _____ Vehicle #: _____

Physical Description of Employee: _____

_____

_____

Third Employee Involved: (If Applicable)

Name: _____ ID #: _____ Vehicle #: _____

Physical Description of Employee: _____

_____

_____

C. VICTIM / WITNESS INFORMATION

Did you witness this incident? Yes _____ No _____

If you are filing a complaint on behalf of someone else, what is your relationship, if any to the person(s):

Parent ____ Spouse ____ Relative ____ Guardian ____ Child ____ Friend ____

Other ____ If other please specify: _____

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

VICTIM / WITNESS NO. 1

This person is a: **Victim** _____ **Witness** _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

VICTIM / WITNESS NO. 2

This person is a: **Victim** _____ **Witness** _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

VICTIM / WITNESS NO. 3

This person is a: **Victim** _____ **Witness** _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

D. INFORMATION ABOUT THE INCIDENT

Please provide as much information as possible, using additional pages if necessary. If additional pages are necessary, please use **Citizen Complaint Supplemental Form**.

Date: _____ Time: _____ Written By: _____

Location Incident Occurred: _____

Case Number if Applicable: _____

I swear or affirm this information included and/attached statements are true.

Complainant Printed Name	Complainant Signature	Date

If complainant is a JUVENILE, parent or guardian must sign below:

Parent / Guardian Printed Name	Parent / Guardian Signature	Date

Sworn to and subscribed before me, the undersigned authority, this _____ Day of _____, _____

LEO Printed Name	LEO Signature	ID Number

E. CONCLUSION

Case Number: _____

Received By: _____ Date: _____

Date received by Internal Affairs for processing: _____

Assigned To: _____ Date: _____

Summary of Findings:

_____

_____

_____

_____

_____

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_____

Conclusion of Fact: ____ Exonerated ____ Sustained ____ Not Sustained
____ Unfounded ____ Policy Failure

Investigator's Signature: _____ Date: _____

Sheriff's Signature: _____ Date: _____

Date Complainant Notified: _____

Date Reviewed by Internal Affairs: _____ Not Applicable: ☐

Date Filed by Internal Affairs: _____