Print Form

BERKELEY COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

I _____ DO HEREBY AFFIRM THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE, MISLEADING OR UNTRUE STATEMENTS, ACCUSATIONS, OR ALLEGATIONS HEREIN MADE BY ME IN RELATION TO THIS COMPLAINT MAY SUBJECT ME TO CIVIL AND/OR CRIMINAL PROSECUTION. I REALIZE THAT IT MAY BECOME NECESSARY IN THE INVESTIGATION OF THIS COMPLAINT FOR ME TO MEET WITH A MEMBER(S) OF THE BERKELEY COUNTY SHERIFF'S OFFICE TO DISCUSS THIS COMPLAINT,EITHER IN THE PRESENCE OR THE ABSENCE OF THE ACCUSED AGENCY EMPLOYEE, AT THE DISCRETION OF THE SHERIFF OR HIS DESIGNEE. IF IT BECOMES NECESSARY, I ACCEPT THAT I MAYBE REQUESTED TO SUBMIT TO A POLYGRAPH EXAMNATION AT THE EXPENSE OF THE AGENCY. FURTHER, I UNDERSTAND THAT NO EMPLOYEE OF THE AGENCY WILL BE REQUIRED TO SUBMIT TO A POLYGRAPH EXAMINATION UNTIL SUCH TIME I HAVE TAKEN AND SUCCESSFULLY COMPLETED AN EXAMINATION. I UNDERSTAND THAT WITHHOLDING PERTINENT INFORMATION WILL BE CONSIDERED UNTRUTHFULNESS.

I HAVE *(READ / HAD READ TO ME)* THE ABOVE ADVISEMENT & UNDERSTAND ITS CONTENTS.

SIGNED _____, THIS _____ DAY OF _____, 20____.

1. NAME: _____ PHONE/RES: _____

ADDRESS: _____ PHONE/BUS: _____

2. DATE/TIME OF INCIDENT:_____ TIME: _____ AM/PM

3. NAME(S) / BADGE # / DESCRIPTION OF AGENCY PERSONNEL/WITNESS(S) INVOLVED:

A. _____

B. _____

C. _____

BRIEF SYNOPIS OF INCIDENT: _____

_____

_____

_____

I HAVE RECEIVED A COPY OF THIS COMPLAINT MADE TO _____ ON THIS DATE.
PRINTED NAME OF RECEVING PERSONNEL

SIGNATURE OF COMPLAINANT: _____

SIGNATURE OF RECEIVING PERSONNEL: _____

DATE/TIME: _____

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ADDENDUM PAGE

1. LIST ADDITIONAL INVOLVED AGENCY PERSONNEL/ WITNESS(S) (NAME /BADGE # /DESCRIPTIONS):

A. _____

B. _____

C. _____

D. _____

E. _____

2. CONTINUED SYNOPIS OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF COMPLAINANT: _____

SIGNATURE OF RECEIVING PERSONNEL: _____

DATE/TIME: _____