JEFFERSON COUNTY SHERIFF'S DEPARTMENT
CITIZEN'S COMPLAINT FORM

COMPLAINT SECTION

Citizen's Name:_____ Employee: _____

Home Address: _____ City: _____ _____ St:_____ Zip: _____

Phone #: _____ Email:_____

Date Complaint Received: _____ Date & Time of Occurrence: _____

Location of Incident: _____

Please specify your complaint and provide a brief description of events:
(If additional space is required, voluntary statement sheets may be attached)

_____

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_____ _____

Date prepared Signature of Complaining Person

I swear or affirm under the penalty of perjury as specified by Indiana Code 35-44-2-1 that the foregoing representations are true.

Witnesses (if any):

Name:_____ Address:_____ Phone #:_____
Name:_____ Address:_____ Phone #:_____
Name:_____ Address:_____ Phone #:_____