



CCSO CITIZEN'S COMPLAINT FORM

COMPLAINANT INFORMATION

1. NAME	FIRST	M.I.	LAST
2. HOME ADDRESS	STREET / P.O. BOX		
	CITY	STATE	ZIP
	PRIMARY PHONE NO.	WORK PHONE NO.	EMAIL
3. REMARKS	PROVIDE A DETAILED NARRATIVE OF THE INCIDENT. IF THE COMPLAINT INVOLVES VERBAL ABUSE OR RUDENSS, STATE THE SPECIFIC TERM, PHRASE, OR LANGUAGE CONSIDERED TO BE OFFENSIVE. IF THE COMPLAINT CONCERNS DISSATISFACTION WITH AN INVESTIGATION OR SERVICE, EXPLAIN WHAT ACTION OR OMISSION WAS UNACCEPTABLE. IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE.		
I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
4. SIGNATURE			5. DATE
6. SIGNATURE AND PRINTED NAME OF CCSO EMPLOYEE RECEIVING COMPLAINT			7. DATE OF RECEIPT
8. INTERNAL AFFAIRS CONTROL NUMBER:			