

**PUTNAM COUNTY SHERIFF OFFICE
CITIZEN COMPLAINT FORM**

Today's Date: _____

Complainant's Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Employee Complaint/Allegations are being made against: _____

Location of Incident: _____

Date, Time of incident: _____

Summary of Complaint/Allegations: _____

List the name, address, and telephone number of any other person directly involved or witnessed the incident. If more space is needed, attach a separate page.

- 1. _____
- 2. _____
- 3. _____

Please describe your complaint in detail below. Attach another page if more space is needed.

OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____

Investigated by: _____ Date: _____

SUPERVISOR / INVESTIGATOR NOTES

SHERIFF NOTES

Findings:

UNFOUNDED

EXONERATED

SUSTAINED

NOT SUSTAINED