



**SMYTH COUNTY SHERIFF'S OFFICE
REPORT OF COMPLAINT AGAINST POLICE PERSONNEL**

CONFIDENTIAL

Name of complainant: _____

At what address can you be contacted: _____

What phone number? Residence: _____ Cell: _____ Work: _____

Date and time of incident: _____

Location of incident: _____

Name of deputy(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.)

Rank: _____

Name: _____

I.D. # _____

Badge: _____

Vehicle: _____

Name(s)/address/phone number or other identifying information concerning any witnesses, if applicable:

Statement of allegation:

(If further space is needed use page two)

I understand that this statement of complaint will be submitted to the Smyth County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the Office, the employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Return form to the Smyth County Sheriff's Office, 626 S Main St., Marion, VA 24354

*** Internal Use Only ***

___ Check if complainant refused to sign

Signature of Person Receiving Complaint

Date and Time Received

