



#BESTINNSC

CITIZEN'S COMPLAINT FORM



DIRECTIONS: Anyone can file a complaint when they observe actions they believe we should be aware of. Citizens, such as you, are valuable eyes and ears for our community and this agency. We respect your input, both good and bad. Complete this form and mail or bring it to the Human Resources Department located at the following address: **200 N. Main Street, Fountain Inn SC 29644.**
Please reference our brochure for further information.

Your Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Involved Officer(s) Name _____ Car # _____

Name _____ Car # _____

Name _____ Car # _____

Name _____ Car # _____

Description of officer(s) if name(s) is/are unknown _____

Location of Occurrence _____

Date of Occurrence _____ Time _____

Description of Occurrence _____

(Attach additional pages if needed)

Signature _____ Date _____ Time _____

Witness _____ Phone _____

NOTE: Any person who knowingly files a false, misleading, or malicious allegation of misconduct on the part of a law enforcement officer shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than thirty (30) days. In addition, a civil suit by the officer complained against will be encouraged.

For Office Use:

Received By [Name/Signature/Date] _____

Tracking Number Assigned: _____