

CUMBERLAND COUNTY SHERIFF'S OFFICE

Citizen-Deputy Complaint Form

Complaint Number _____

NAME & RANK OF PERSON COMPLAINED AGAINST	DIVISION & PLATOON	DUTY PHONE
COMPLAINANT'S NAME	ADDRESS	CELL PHONE / HOME PHONE
	BUSINESS NAME & ADDRESS	BUSINESS PHONE
WITNESS NAME	ADDRESS	HOME PHONE
	BUS. ADDRESS	BUSINESS PHONE
WITNESS NAME	ADDRESS	CELL PHONE / HOME PHONE
	BUS. ADDRESS	BUSINESS PHONE
WITNESS NAME	ADDRESS	CELL PHONE / HOME PHONE
	BUS. ADDRESS	BUSINESS PHONE

DETAILS OF COMPLAINT

COMPLAINT HAS BEEN RESOLVED (NOTE METHOD IN NARRATIVE) FORWARD FOR INVESTIGATION

DATE & TIME COMPLAINT RECEIVED	NAME & RANK OF PERSON RECORDING COMPLAINT	DIVISION & PLATOON
DATE & TIME RECEIVED FOR INVESTIGATION	NAME & RANK OF INVESTIGATION ASSIGNED	DIVISION & PLATOON
DATE & TIME INVESTIGATION COMPLETED	SIGNATURE OF INVESTIGATOR	

COMPLAINT IS: EXONERATED SUSTAINED UNFOUNDED
 NOT SUSTAINED OTHER MISCONDUCT

DISTRIBUTION: COMPLAINTS THAT ARE CRIMINAL IN NATURE OR COMPLAINTS INVOLVING A LARGE NUMBER OF OFFICERS – ORIGINAL IS SENT DIRECTLY TO THE PROFESSIONAL STANDARDS OFFICE.
 ALL OTHER COMPLAINTS – ORIGINAL IS GIVEN TO THE ACCUSED OFFICER'S IMMEDIATE SUPERVISOR AND A COPY IS SENT DIRECTLY TO THE PROFESSIONAL STANDARDS OFFICE.

DIVISION COMMANDER
 SIGNATURE _____

PROFESSIONAL STANDARDS
 SIGNATURE _____

DATE:

DATE: