



CITIZEN COMPLAINT/COMPLIMENT

FORM INSTRUCTIONS

PLEASE COMPLETE FORM AND RETURN BY MAIL OR IN PERSON TO:

**SALINE COUNTY SHERIFF'S OFFICE ATTN: INTERNAL AFFAIRS
SECTION, 735 S. Neeley Street, Benton, Arkansas 72015**

Disregard any reporting fields relating to personnel/members or department identification numbers.

- 1. Please print or type your name, home address, and telephone number(s) in the field identified as "complainant".**
- 2. Print or type the names, home addresses and telephone number(s) in the fields identified as "complainant" witnesses.**
- 3. Document by print or typing a detailed narrative of what occurred to initiate the complaint and be certain to include the date of the incident, precise location where the incident occurred, identifying information of the deputy or member of personnel such as patrol unit license number, badge number, and name.**
- 4. Print or type your name in the complaint affirmation section and provide your signature to the form below the affirmation section.**
- 5. Attach any supporting information or documents that you feel might assist the investigating officer of the Saline County Sheriff's Office Internal Affairs Section in this investigation.**
- 6. Lastly, upon completion of the complaint/compliment form please, be sure to provide your signature on the affirmation section in the presence of a notary, who should then affix their seal on page 4 of the citizen complaint/compliment form to certify the authenticity of the form.**

SALINE COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT/COMPLIMENT FORM

COMPLAINANT NAME (LAST) _____

(FIRST MIDDLE) _____

DATE OF BIRTH _____

HOME ADDRESS (STREET, CITY, STATE, ZIP)

HOME PHONE _____

INCIDENT CASE NUMBER (IF KNOWN) _____

WORK PHONE _____

CELL PHONE _____

INCIDENT DATE/TIME _____

INCIDENT LOCATION (PLEASE BE AS SPECIFIC AS POSSIBLE)

OFFICER BADGE NUMBER (S) _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

COMPLAINANT AFFIRMATION

I, _____ do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statement or information provided to any person(s) investigating this complaint may result in the Arkansas Criminal Code Annotated criminal code statute 5-54-122.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with an investigator or member(s) of the Saline County Sheriff's Office to discuss this complaint, either in the process or absence of the accused departmental member(s) at the discretion of the Sheriff's Office. I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony, at these hearings, may be required. I hereby agree to make myself available to any such court or administrative hearing when requested to do so.

Complainant's signature: _____ (First/MI/Last Name)

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary Public

Notary Seal

Name of Accepting Departmental Member:

_____ (Rank/First/MI/Last Name/Badge #)

Date: _____ **Time:** _____ AM PM

Type of Complaint:

Inter-Departmental _____

Citizen _____

Date Investigation Initiated: _____

Date Investigation Terminated: _____

TO BE COMPLETED BY THE COMMANDING OFFICER

Recommendation: (Check One)

Substantiated _____ **Unfounded** _____ **Inconclusive** _____ **Specially Closed** _____

Comments: _____

Printed Name of Commander Officer: _____

Signature of Commanding Officer: _____

Date Forwarded to Reviewing Officer: _____

TO BE COMPLETED BY SHEFF OR DESIGNEE

Date of review: _____

Printed Rank & Name of Reviewing Officer: _____

Action Taken:

No Action Taken _____

Oral Reprimand/Counseling _____

Letter of Reprimand _____

Suspended _____

Reduction in Grade/Rank _____

Termination _____

Other _____

Signature of Reviewing Officer: _____

Date: _____