



SALINE COUNTY SHERIFF'S OFFICE
CITIZEN COMPLAINT FORM



INSTRUCTIONS

PLEASE RETURN THIS FORM BY MAIL OR IN PERSON TO:

**SALINE COUNTY SHERIFF'S OFFICE
ATTN: INTERNAL AFFAIRS SECTION
735 S. NEELEY ST.
BENTON, AR 72015**

PLEASE COMPLETE EACH SECTION TO THE BEST OF YOUR ABILITY
PLEASE PRINT LEGIBLY!

1. Please print or type your name, home address and telephone number in the field identified as "Complainant."
2. Print or type the names, home addresses and telephone numbers of your witnesses in the fields identified as "Witness."
3. Print or type 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 civilian employee such as badge number or name.
4. Please provide any available information about the deputy or employee involved.
5. Attach any supporting information or documents that you feel might assist the Internal Affairs Section in this investigation.
6. Upon completion of the complaint form, be sure to sign the form in the affirmation section in the presence of a notary public, who will then notarize the form.



SALINE COUNTY SHERIFF'S OFFICE
CITIZEN COMPLAINT FORM



Complainant Name: _____

Complainant Date of Birth: _____

Complainant Home Address: _____

Complainant Phone: _____ (Home) _____ (Cell)

Incident Number: _____

Incident Date and Time: _____

Incident Location: _____

Witness Name: _____

Witness Date of Birth: _____

Witness Home Address: _____

Witness Phone: _____ (Home) _____ (Cell)

Witness Name: _____

Witness Date of Birth: _____

Witness Home Address: _____

Witness Phone: _____ (Home) _____ (Cell)

Deputy / Employee Name: _____

Deputy / Employee ID Number: _____

Unit / Vehicle Number: _____

Other Deputy / Employee Identifying Information: _____

Narrative: Please describe the incident in detail

COMPLAINANT AFFIRMATION

I, _____, do hereby affirm that the above 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 investigating this complaint may result in prosecution under Ark. Code Ann. 5-54-122.

§ 5-54-122. Filing false report with law enforcement agency

- (a) As used in this section, "report" means any communication, either written or oral, sworn or unsworn.
- (b) A person commits the offense of filing a false report if he or she files a report with any law enforcement agency or prosecuting attorney's office of any alleged criminal wrongdoing on the part of another person knowing that the report is false.
- (c) (1) Filing a false report is a Class D felony if:
 - (A) The alleged criminal wrongdoing is a capital offense, Class Y felony, Class A felony, or Class B felony;
 - (B) The law enforcement agency or prosecuting attorney's office to whom the false report is made has expended in excess of five hundred dollars (\$500) in order to investigate the false report, including the costs of labor;
 - (C) Physical injury results to any person as a result of the false report;
 - (D) The false report is made in an effort by the person filing the false report to conceal his or her own criminal activity; or
 - (E) The false report results in another person being arrested.
 - (2) Otherwise, filing a false report is a Class A misdemeanor.

Complainant's signature: _____

Complainant printed name: _____

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

Notary Public: _____ **My Commission Expires:** _____

Notary Seal: