Notice!: Deliberate false allegations made against anyone are against the law and may present both criminal and civil liability. Deliberate false allegations made against deputies may result in criminal prosecution of the complainant. The Deputy(Deputies) reserve the right to seek a civil remedy for deliberate filing of false allegations. Having read and understanding this notice, I acknowledge that may be held criminally and civilly liable for any deliberate false allegations made in this complaint.

Complainant Signature:_____ **Date:**_____

Deputy Assignment and Date:
Completion and Date:
Sheriff Review and Date:

Sebastian County Sheriff's Office
Citizen Complaint and Inquiry Form

Complaint #:_____

Date Received: _____ Deputy Receiving:_____

Complainant's Name:_____

Race:_____ Sex:_____ DOB:_____

Home Address:_____ Home Phone:_____

_____ Cell Phone:_____

Work Address:_____

_____

Summary of Complaint

Please include all information about the incident. Information needed should include the date, time, and location of the incident. It should also include Deputy(Deputies) involved, reason for contact (traffic stop or accident, report, arrest, etc.). All witnesses or other involved parties should be included. Use full proper names: no nicknames. Include all parties contact information. Provide a detailed explanation of what you believe the deputy did incorrectly. Use extra pages if necessary. Read and sign notice on the back page when complete.