

Columbia County Sheriff's Office  
Citizen Complaint Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Names, addresses and phone numbers of other witnesses (If applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sheriff's Office employee (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Location: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Case # or Accident # (if known) \_\_\_\_\_

Summary of Incident:

Summary of Incident Continued:

Below Section is for Employee Use Only

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Complaint Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Complaint Tracking Number: \_\_\_\_\_