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: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Below Section is for Employee Use Only

Complaint Received by: _____ Date: _____

Complaint Referred to: _____ Date: _____

Agency Complaint Tracking Number: _____