



# Columbia County Sheriff's Office

Office of Professional Standards



## COMPLAINT FORM

**\*\*Please fill out as much information as possible, and be as detailed as you can\*\***

**Name of Individual filing complaint** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Optional Information:**

The following information is being collected for statistical purposes and is entirely optional. The completion of this information will not in any way affect the outcome of the investigation.

Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Occupation \_\_\_\_\_

**Identification of Sheriff's Office Employee(s) involved in incident, if known:**

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle # \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? \_\_\_\_\_

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle # \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? \_\_\_\_\_

**Witnesses to the incident and/or individuals with relevant knowledge. Provide Names, Addresses and Phone Numbers**

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