

## **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? \_\_\_\_\_ Description of Employee: Gender:\_\_\_\_ Race/Ethnicity\_\_\_\_\_ Uniformed?\_\_\_\_ Witnesses to the incident and/or individuals with relevant knowledge. Provide Names. Addresses and Phone Numbers

Person assisting in completing this complaint:  Name Agency/Affiliation	
NameAgency/Amilation	
AddressPhone N	0
<b>Details of the Complaint</b> , include circumstances of Police pages if needed):	ce contact (Attach additional
	<del></del>
I realize that it may be necessary in the investigation of this Officials of the Columbia County Sheriff's Office to discuss t that if my complaint results in a legal proceeding, that my te may be needed, and I hereby agree to make myself availab	this complaint. I understand stimony at such proceeding
By signature below, I declare and affirm the statements I had correct under penalty of perjury.	ive made herein are true and
*NOTE: False statements made herein are punishable as a pursuant to section 210:45 of the New York State Penal Law	•
Signature / *Electronic Signature	 Date

<sup>\*</sup>The Electronic Signatures and Records Act (ESRA) provides that "signatures" made via electronic means will be legally binding just as hand-written signatures now are.