JOSEPHINE COUNTY SHERIFF'S OFFICE

Citizen Complaint Form

TYPE OR PRINT, USING BLUE OR BLACK INK — DO NOT WRITE IN SHADED AREAS

NATURE OF COMPLAINT
- ☐ FORCE
- ☐ ARREST
- ☐ DISCRIMINATION
- ☐ SLUR
- ☐ CRIMINAL CONDUCT
- ☐ PROCEDURE
- ☐ COURTESY
- ☐ CONDUCT
- ☐ OTHER _____

COMPLAINT RECEIVED:
- ☐ IN PERSON ☐ PHONE
- ☐ LETTER
- ☐ OTHER _____

BY: _____

IA USE ONLY:
ASSIGNED TO: _____
DUE DATE: _____
UNDERSHERIFF _____
SHERIFF _____
EXTENSION _____

Today's Date: _____ **and Time:** _____ (include am/pm)

Occurrence Date: _____ **and Time:** _____ (include am/pm)

REPORTING PERSON ☐ **VICTIM** ☐ (Check one, or both if applicable)

Name: Last, First, Middle _____ Date of Birth _____ Sex _____

Home Address: Street, City, State, ZIP Code _____ Home/Message Phone _____

Work/Business Address: Street, City, State, ZIP Code _____ Work/Business Phone _____

ADDITIONAL VICTIM ☐ **WITNESS** ☐ (Check one, or both if applicable)

Name: Last, First, Middle _____ Date of Birth _____ Sex _____

Home Address: Street, City, State, ZIP Code _____ Home/Message Phone _____

Work/Business Address: Street, City, State, ZIP Code _____ Work/Business Phone _____

COMPLAINT SYNOPSIS

Briefly describe what happened and the deputy's name if you know it. Please use a separate sheet of paper for additional information, if necessary.

Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Sec. 504 of the Rehabilitation Act of 1973.