JACKSON COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

The Jackson County Sheriff's Office adheres to the policy of investigating all allegations of misconduct or complaints regarding the policies or procedures of the department. The goal of the department is to ensure that objectivity, fairness, and justice is assured by intensive impartial investigation and review.

Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable. During the course of an investigation, the assigned supervisor shall notify you concerning the status of the complaint. The Office of the Sheriff will also notify you of the findings of the investigation conducted by the department. **PLEASE REVIEW THE ATTACHED COVER SHEET FOR ADDITIONAL INFORMATION.**

Your Name:	
Your Address:	
Daytime Phone: ()	Evening Phone: ()
Date of Incident:/	Time of Incident:AM or PM?
Location of the Incident:	
Reasons for the Complaint:	

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Your Signature:		
Today's Date:/ Time Now AM or PM?		
For Internal Use Only: To be completed by the Supervisor Receiving the Complaint		
Name: Rank: Badge #:		
Related Incident Report Number: Date Report Received/		
Time Received: Control #:		
Forward original to the Office of the Sheriff Cc: Captain of Patrol ***********************************		
For Internal Use Only: To be completed by the Office of the Sheriff Assigned to:		
Date Due:/		