



BARROW COUNTY SHERIFF'S OFFICE
COMPLAINT OF EMPLOYEE MISCONDUCT

COMPLAINANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS			
CITY	STATE	ZIP	PHONE
DOB	EMPLOYER		PHONE

EMPLOYEE INFORMATION		
NAME	RANK	RADIO NUMBER

COMPLAINT INFORMATION			
DATE OF COMPLAINT	TIME OF COMPLAINT	INCIDENT DATE	INCIDENT TIME

By signing below, you acknowledge the information you have provided is *true and accurate to the best of your knowledge and belief*. You further acknowledge your personal information as well as the information contained in the comments will be used to investigate your complaint, and if your complaint is found to be fraudulent, it may be used against you in a court of law pursuant to filing a false report and/or making false statements and writings as well as possible civil litigation.

PRINTED NAME	SIGNATURE	DATE

COMPLAINT DISPOSITION

SUPERVISOR RECEIVING INITIAL COMPLAINT	DATE	LOCATION

WAS THE COMPLAINT RESOLVED BY PROVIDING AN EXPLANATION OF SHERIFF'S OFFICE POLICIES, GUIDELINES, OR PRACTICES?
YES NO

COMMENTS:

INVESTIGATION COMPLETED: YES NO

DISPOSITION: UNFOUNDED UNABLE TO DETERMINE SUSTAINED

ASSISTANT DIVISION COMMANDER	DATE REVIEWED

DIVISION COMMANDER	DATE REVIEWED

WAS THE COMPLAINANT CONTACTED ABOUT THE INVESTIGATION AND RESULTS OF THE COMPLAINT?

YES NO DATE(S): _____ TIME (S): _____

COMMENTS:

OFFICE OF PROFESSIONAL STANDARDS	DATE RECEIVED

RECEIVED BY RECORDS	DATE RECEIVED