

## Office of the Sheriff

Dickenson County 293 Clintwood Main ST P.O. Box 339 Clintwood, VA 24228



Jeremy Fleming Sheriff (276) 926-1600 (276) 926-1650

## **COMPLAINT FORM**

## COMPLAINANT

Name:				
Street Address:				
City:	State:	Zij	p:	
Phone:	Work:		Cell:	
Witness:		Phone:		
Witness:		Phone:		
Witness:		Phone:		
	Tin			
Location of incident: Name or description of pe				
1		2		
3		4.		
Nature of Complaint:				


If you have any questions or need assistance, any member of the Sheriff's Office will assist with the completion of this form. You may be contacted and asked additional questions about the complaint and if it appears that the investigation may take longer than a reasonable amount of time to be completed, you will be contacted and notified of an expected completion date. Upon completion of the investigation, the Sheriff or his designee shall notify the complainant and the employee(s) investigated of the results of the investigation

By signing this form, you certify the statement above is true and accurate to the best of your knowledge and agree to appear before a board of inquiry, if the employee requests one, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant	Date		
Check if complainant refused to sign			
Signature of Person Receiving Complaint	Date and Time Received		
Division Commander or Designee	Date and Time Reviewed		
Chief Deputy	Date and Time Reviewed		
Sheriff	Date and Time Reviewed		

\*PLEASE FORWARD COMPLETED FORM TO ACCREDITATION MANAGER TO COPY AND FILE