

Boone County Sheriff's Department Citizen's Complaint Form

General Information

Full Name:			
Address:			
City:	State:	Zip:	
Home Phone:		Mobile Phone:	
Place of Work:			
Occupation:		Work Phone:	

Incident Date, Time, & Witnesses

Incident Date:		Incident Time:	
Witness 1			
Name:			
Address:			
City:	State:	Zip:	Phone:
Witness 2			
Name:			
Address:			
City:	State:	Zip:	Phone:
Witness 3			
Name:			
Address:			
City:	State:	Zip:	Phone:

Incident Details

Who, what, when, where, how, & why of the incident. Include names, descriptions, times, etc. (continued on reverse) :

Incident Details (continued)

Providing information about a complaint of action or inaction on the part of an employee of the Boone County Sheriff's Department constitutes a police report. Making a false report or providing misleading information may cause you to be subject to criminal or civil proceedings.

I have read the above statement and swear or affirm that it is the truth. I have also read and understand the advisory paragraph immediately above.

Signature

Date/Time

Received By		
Name	Rank	Badge #
Signature	Date/Time	