Hampton Sheriff's Office

Citizen/Employee Complaint Form

Supervisors please clock stamp when received

The Hampton Sheriff's Office will investigate reasonable allegations of misconduct by any citizen or employee of the Sheriff's Office upon receipt of this form. It is the intention of this Office to ensure that all employees conduct themselves in an appropriate manner at all times. This form is a pre-requisite to the investigation of any allegation of misconduct.

| Complainant's Full Name: | | | |
|---|---------|----------------|----------------------------|
| Address: | | | Apt. #: |
| City: | State: | Zip Code | : |
| Telephone Number: Home: | | Work: | |
| Exact Location of Incident: | | | |
| Date of incident: | | Time of incide | nt: |
| Name(s) of Deputy or employee (if k | (nown): | | |
| Physical description (if name unknown | wn): | | |
| Race: | eight: | Weight: | Age: |
| In uniform: _ yes _ no | | | |
| If a vehicle was involved: Tag#: | | Vehicle #: _ | |
| State your complaint in the space proknown. If more space in needed, atta | | | lude all relevant facts as |
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| I | do h | ereby affirm that the | e information |
| I, | the best of my | zknowledge. Lunde | erstand that any |
| | | | |
| false, misleading or untrue statements, | | | |
| relation to this complaint, either orally of | | | sons |
| investigating this complaint, may subject | ct me to civil a | and/or criminal | |
| prosecution. | | | |
| Signed | this | day of | . 20 |
| ~-0* | | | , |