



Stephenson County Sheriff's Office Citizen Complaint



It is the policy of the Stephenson County Sheriff's Office to thoroughly investigate complaints concerning employees or any of the office's policies and procedures. The office strives to complete all investigations within forty-five (45) days of receiving the complaint. Complaints more complex in nature may require additional time to complete the investigation. At the completion of the investigation, you will be notified of the disposition.

Form completed by the reporting person

Form completed by a supervisor on behalf of the reporting person

Date of the incident

Time of the incident

Name of reporting person

Location of the incident

Name of employees involved

Witness number 1, if available and is optional

Name

Phone number

Full address (city/state/zip)

DOB

Witness number 2, if available and is optional

Name

Phone number

Full address (city/state/zip)

DOB

Narrative: Describe the incident in as much detail as possible. You may list additional witness information at the end of the narrative. If more space is needed, go to page two.

Completion of the below is optional

Reporting person
(Optional)

Race/Ethnicity

DOB

Gender

Phone #

Signature (Optional)

Date

Full address (city/state/zip)
(Optional)

Signature of in-taking supervisor

Badge #

Date

A copy of the completed form was provided to the citizen Yes No

If no, explain:

Narrative - continued from page one

Signature
(Optional)