

CITIZENS COMPLAINT

MY NAME IS _____ MY AGE _____
(FIRST) (MIDDLE) (LAST)

I LIVE AT _____

MY HOME PHONE IS _____ MY BUSINESS PHONE IS _____

I WANT TO COMPLAIN ABOUT _____
Officer's Name, Badge No., or Unit No.

I WANT TO COMPLAIN BECAUSE ON (DATE) _____

AT (LOCATION) _____

AT ABOUT (TIME) _____ A.M./P.M.: _____

Attach as many additional pages as necessary

I understand, and it is my desire that this complaint will be investigated diligently. I declare that the allegations contained in this complaint are true and that if an investigation proves these allegations to be knowingly false, I may be liable to both criminal and civil prosecution.

OFFICIAL USE ONLY

RECEIVED BY: _____

DATE: _____

DISPOSITION: _____

Date

Signature

Signature of parent/guardian (if you are under
18 years of age)

What about my complaint?



OFFICE OF THE SHERIFF

COUNTY OF PLUMAS

Plumas Co. Sheriff's Dept.

1400 East Main

Quincy, CA 95971

530-283-6375