

Complaint Against Deputy



Complainant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone/Cell: _____ Email: _____

I wish to provide the following information regarding an incident with a sworn authority of the Jackson County Sheriff's Office. A completed, signed complaint form must be received within 30 days of the date of the incident. I am filing this complaint due to one or more of the following allegations: harassment; use of unnecessary or excessive force; use of language or conduct that is insulting, demeaning, or humiliating; discriminatory treatment; retaliation for filing a complaint with JCSO; and failure to wear or display required identification or identify oneself by name and badge number when requested to do so by a member of the public. Please state the facts below. When you refer to a person, please identify that person with full name, nicknames, home address, age and phone number if possible. Your facts must be accurate.

This incident involved Deputy: _____ Date of alleged incident?: _____ Time: _____

Place/Address of Alleged Incident: _____

Complaint:

This information is being provided for lawful purposes and I agree that the information that I provide can be used in a court of law in Jackson County, the State of Ohio and Federal Courts. I have read the above statement of ___page(s); it is true and correct to my best belief and knowledge.

X _____ Date: _____

Office Only: Date Received: ___/___/___ By: _____ Date Reviewed: ___/___/___ By: _____ Type of Response?: _____
Investigative Notes:

