DARLINGTON COUNTY SHERIFF'S OFFICE

Sheriff Michael B. August

CITIZEN'S COMPLAINT

Your Name_____

Street Address_____

City _____ State _____ Zip Code_____

Home Phone _____ Cell Phone _____

Involved Officer: Name _____ Car # _____

Description of officer, if name is unknown_____

_____

Location of Occurrence_____

Date of Occurrence _____ Time_____

Description of Occurrence: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____ Time_____

Witness _____ Date _____ Time _____

***NOTE: Any person who knowingly files a false, misleading, or malicious allegation of misconduct on the part of a law enforcement officer shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than thirty (30) days. In addition, a civil suit by the officer complained against will be encouraged.**

1621 Harry Byrd Highway, P.O. Box #783, Darlington SC 29532
Telephone: (843) 398 4501
Fax: (843) 398 4502

DARLINGTON COUNTY SHERIFF'S OFFICE

Sheriff James Hudson Jr.
www.darlingtonsheriff.org

CITIZEN'S COMPLAINT (continued)

Signature _____ Date _____ Time _____
Witness _____ Date _____ Time _____

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