DARLINGTON COUNTY SHERIFF'S OFFICE

Sheriff Michael August

www.darcosc.com

CITIZEN'S COMPLAINT FORM

Your Name: _____

Street Address: _____

City: _____ **State:** _____

Home Phone: _____ **Cell Phone:** _____

Officer Involved

Name: _____

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

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