



WASHINGTON COUNTY SHERIFF'S OFFICE



ROSS J. SCHULTZE
SHERIFF

WASHINGTON COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

The Washington County Sheriff's Office is committed to professional, lawful, and respectful service. This form is provided to allow citizens to submit complaints regarding the conduct or actions of a Sheriff's Office employee.

COMPLAINANT INFORMATION

(Please print clearly)

- Full Name: _____
- Date of Birth (optional): _____
- Address: _____
City/State/ZIP: _____
- Phone Number: _____
- Email Address: _____

☐ I request to remain anonymous (note: anonymous complaints may limit the ability to investigate fully).

INCIDENT INFORMATION

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident: _____
- Deputy's Name (if known): _____
- Badge Number (if known): _____
- Patrol Vehicle Number (if known): _____

DESCRIPTION OF COMPLAINT

Please describe the incident in detail, including what occurred, what was said, and why you believe the deputy's actions were improper. Attach additional pages if necessary.

245 N. Kaskaskia St. Nashville, Illinois 62263
618-327-8274 (Office) * 618-327-8275 (Fax)
www.wcso-il.com



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WITNESSES (if any)

Name: _____
Phone/Email: _____

Name: _____
Phone/Email: _____

SUPPORTING EVIDENCE

- ☐ Photographs
☐ Video/Audio Recording
☐ Documents
☐ Other: _____

(Please attach copies if available.)

ACKNOWLEDGMENT AND SIGNATURE

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand that knowingly providing false information may result in legal consequences.

Signature of Complainant: _____
Date: _____

SUBMISSION INSTRUCTIONS

Completed complaint forms may be submitted by:

- In person at the Washington County Sheriff's Office
- By mail
- By email (if applicable)

All complaints will be reviewed and handled in accordance with Sheriff's Office procedures.

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