

Custer County Sheriff's Office Complaint Receipt Form

Complainant Information:			
Name:	First	Middle	DOB:
Information Received By:	Personal Interview	Telephone	Mail Other
Brief Description of Incident (at	ttach additional sheets if neces	ssary):	
Date/Time Incident Occurr	ed:	Date/Time Inc	dent Reported:
Involved Employee(s) (if known			
Name:		ID#: _	
		-	, the employee's further action is anticipated.
	will be conducted to de e notified of the results b		or not a policy violation may have
investigation will be	•	whether or not r	the information received. An impartial misconduct occurred. Upon completion of
It is anticipated that this inves	tigation will be conducted	d by:	
The effected emplo	yee's Chain of Comma	nd (supervisors).
The Internal Affairs	Unit		
	eview: n provided by me in the ly provided false or misle	his complaint is	
olainant Signature:			Date: