



CITIZEN COMPLAINT

COMPLAINANT NAME: _____

ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS: _____ CELL: _____

SHERIFF'S OFFICE EMPLOYEE NAME: _____

WITNESS (1): NAME _____

ADDRESS: _____

TELEPHONE: HOME _____ BUSINESS: _____ CELL: _____

WITNESS (2): NAME _____

TELEPHONE: HOME _____ BUSINESS: _____ CELL: _____

(COMPLETE ON BACK OF MORE SPACE IS NEEDED)

I, _____ do hereby swear (or affirm) that the factual allegation(s) made above by me are true and based upon fact.

Signature _____ Date _____

Subscribed and sworn to before me
This _____ day of _____, 20_____

Notary Public, State of Virginia at large.
My commission expires: _____

(Notarial Seal)