HAMILTON COUNTY SHERIFF'S DEPARTMENT

FORM II-02

OFFICIAL COMPLAINT STATEMENT

IA #

I / We, _____ of
[Name (s)]

_____ / _____ / _____ / _____
[Street Address] [City] [State] [Zip]

D.O.B. _____ PHONE _____ SS# _____

do hereby file and Official Complaint against _____

_____
[Officers Name(s)]

who I / we feel did conduct himself / herself in a manner that was improper on _____ at
[Date]

_____, at _____,
[Time] [Location]

as per the following statement of facts regarding the basis for the complaint:

STATEMENT: _____

_____

_____

_____

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_____

_____

_____

I / We, hereby certify that the statement included within this page or these _____ pages, is the truth to the best of my / our recollection.

SIGN:_____

WITNESS _____

SIGN:_____

DATE:_____ Page _____ of _____ Pages