

WASHINGTON COUNTY SHERIFF'S OFFICE CITIZEN/EMPLOYEE COMPLAINT FORM

COMPLAINANT'S INFORMATION		
Complainant's Name:		Date of Birth:
Address:		
City:	State:	Phone:
INCIDENT INFORMATION		
Type of Incident:		Date of Incident:
Time of Incident:	Location of Incident:	
Employee(s) Involved:		
WITNESS INFORMATION		
Witness Name:		Date of Birth:
Address:		
City:	State:	Phone:
WITNESS INFORMATION		
Witness Name:		Date of Birth:
Address:		
City:	State:	Phone:
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