



WASHINGTON COUNTY SHERIFF'S OFFICE  
CITIZEN COMPLAINT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

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\_\_\_\_\_

I, \_\_\_\_\_, affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Signature of Sheriff/Undersheriff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time