## Scott County Sheriff's Office Citizen Complaint Form

Complainant's Name (Last/ First)	_Email Address:
Address:	Phone:
Employer:	Phone:
Business Address:	Occupation:
Name of Sheriff's Office Member Involved:	
If name of Sheriff's Office Member unknown, give description of and type	e of duty performed i.e. patrol, detective, correction officer, bailiff,
vehicle driven (if any):	
Date of Occurrence:	Time of Occurrence:
Name of Witness:	Relationship:
Address:	Phone:
Name of Witness:	Relationship:
Address:	Phone:
Name of Witness:	Relationship:
Address:	Phone:
Details of Complaint (use additional sheets if necessary and attach):	

I am aware that once this document is submitted, it could be used as evidence in a libel complaint against me by the officer(s) involved, if the information is false and is damaging to the officer(s). I understand this warning and attest that information contained herein are true and accurate to the best of my knowledge.

PLEASE RETURN THIS FORM TO: Scott County Sheriff's Office Internal Affairs Office 400 W. 4<sup>h</sup> Street Davenport, IA 52801