



PERSONNEL COMPLAINT REPORT RECEIPT

Date _____

On the date indicated above (Name) _____
filed a complaint with the Wayne County Sheriff's Office concerning the conduct of
_____. This was in reference to an incident
which occurred on _____ and was documented in
report/citation number _____. This form acknowledges receipt of the
complaint. You should be aware of the following:

1. The Wayne County Sheriff's Office investigates all complaints in an impartial manner.
2. The Sheriff's Office will investigate this allegation as an administrative matter (violation of agency policy) unless there is evidence that a crime was committed.
3. In administrative investigations, the burden of proof is "preponderance of the evidence."
4. Sworn statements may have to be taken from me or other persons who might be witnesses.
5. I will be notified of the status of my complaint during the course of the investigation and at the conclusion.
6. The accused Deputy or employee has rights that the agency cannot violate during the investigation.
7. I have received a copy of the completed initial Personnel Complaint Report.
8. If I have any further questions, I can call and speak with the supervisor listed herein.

Signature of person filing complaint

Date

Supervisor receiving complaint:

Printed name: _____

Signature: _____



WAYNE COUNTY SHERIFF'S OFFICE PERSONNEL COMPLAINT REPORT

Person making complaint: _____ D.O.B: _____

Home Address: _____

Employer name and address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

What is the best time to contact you? _____

Person you are making the complaint against: _____

IF YOU DO NOT KNOW THE PERSON'S NAME, DESCRIBE HIM/HER BELOW.

Date and time of incident: _____ / _____

Case #: _____

Where did the incident take place: _____

Describe what happened; be specific as to what was said. Include information on any witnesses: _____

