



Office of the Sheriff
Rockingham County

REPORT OF COMPLAINT AGAINST SHERIFF'S OFFICE PERSONNEL

CONFIDENTIAL

I wish to decline providing my name and/or personal information.

If this box is checked, please leave all personal information fields blank.

Rockingham County Sheriff's Office pursues and investigates all complaints even if a party does not wish to be identified.

Name of Individual Filing Complaint: _____

Address of Individual Filing Complaint:

Street City/Town State Zip Code

Telephone: (____) _____ Home Work Cell

Date and Time of Incident: _____

Location of Incident: _____

Name of Officer(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc):

Rank: _____ Name: _____

Id or Badge Number: _____ Vehicle: _____

Name(s), address(es), phone number(s) or other helpful information concerning witness(es), if applicable:

PLEASE ENTER COMPLAINT ON PAGE 2: {LINK TO PAGE 2}

I understand that, under the regulations of the department, the employee against whom this complaint is filed, may be entitled to request at hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Individual Filing Complaint Date: _____

Refuse to sign Complaint accepted by: _____

STATEMENT OF ALLEGATION: