

DLE/OFFICE OF INSPECTOR  
GENERAL (OIG) WRITTEN COMPLAINT

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ID NO. (e.g. Driver's License, State ID): \_\_\_\_\_ DOB: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE/TIME/DAY: \_\_\_\_\_

ACCUSED DEPUTIE(S): \_\_\_\_\_

In an effort to conduct a thorough and impartial investigation, the Office of Inspector General (OIG) requires the complainant to provide a detailed statement answering all of the following questions.

1. Please describe your complaint in detail. (For example, the deputy was discourteous while speaking to me.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Can you identify or describe the deputy involved? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Initial* / \_\_\_\_\_ / \_\_\_\_\_  
*Date* / \_\_\_\_\_  
*Time*

Page \_\_\_\_ of \_\_\_\_ pages





