

JACKSON COUNTY SHERIFF'S OFFICE
COMMUNITY COMPLAINT FORM

* Denotes required information

COMPLAINANT INFORMATION

JACKSON COUNTY SHERIFF'S OFFICE
COMMUNITY COMPLAINT FORM

COMPLAINT NARRATIVE

Describe Complaint*

Legal and Signatures

I HEREBY CERTIFY THE STATEMENTS GIVEN BY ME ARE TRUE AND ACCURATE TO THE BEST OF MY PERSONAL KNOWLEDGE. I UNDERSTAND, MAKING UNTRUE DECLARATIONS TO PUBLIC SERVANTS OR UNTRUE STATEMENTS UNDER OATH OR AFFIRMATION ARE PUNISHABLE BY LAW AS A FELONY OR MISDEMEANOR. IF I DO NOT COOPERATE FULLY WITH THE COMPLAINT PROCESS, MY COMPLAINT WILL BE CLOSED WITH NO FURTHER ACTION OR CONTACT FROM THE JACKSON COUNTY SHERIFF'S OFFICE.

Complainant Signature*

Date*

Witness Signature

Date

Signature of Member Receiving Complaint

Date

By submitting this complaint, using any device, means, or action, you consent to the legally binding terms and conditions of this Agreement. You further agree, your signature on this document is as valid as if you signed the document in writing.