

WISE COUNTY SHERIFF'S OFFICE



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Wise, Virginia 24293

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RONALD D. OAKES, SHERIFF
Wise County and City of Norton

COMPLAINT FORM

COMPLAINANT

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

COMPLAINT

Date of incident: _____ Time of incident: _____

Location of incident: _____

Name or description of person(s) against whom complaint is lodged:

1. _____ 2. _____

3. _____ 4. _____

Nature of Complaint: _____

(If further space is needed use reverse side of this sheet)

If you have any questions or need assistance, any member of the Sheriff's Office will assist with the completion of this form. You may be contacted and asked additional questions about the complaint and if it appears that the investigation may take longer than a reasonable amount of time to be completed, you will be contacted and notified of an expected completion date. Upon completion of the investigation, the Sheriff or his designee shall notify the complainant and the employee(s) investigated of the results of the investigation

By signing this form, you certify the statement above is true and accurate to the best of your knowledge and agree to appear before a board of inquiry, if the employee requests one, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

Check if complainant refused to sign

Signature of Person Receiving Complaint

Date and Time Received

Division Commander or Designee

Date and Time Reviewed

Chief Deputy

Date and Time Reviewed

Sheriff

Date and Time Reviewed

***PLEASE FORWARD COMPLETED FORM TO ACCREDITATION MANAGER TO COPY AND FILE**