



Roanoke County Sheriff's Office Citizen Complaint Form

Complainant's Name		Address	
Date and Time Reported		Phone #	
How was complaint made:			
Person Assisting Complainant		Address	
		Phone #	
Name of Deputy/Employee: (If unknown, provide description of Deputy Employee and type of duty performed)			
Date and time of Occurance		Location of Occurance	
Name of Witness		Address	
		Phone	
Details of Complaint, give a brief description of what happened			
Signature of Supervisor Receiving Complaint		Signature of Person Assisting Complainant	
		Signature of Complainant	