



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