



Transylvania County Sheriff's Office Complaint Form



Updated 7/20/2015

Part 1

Complaint #: _____

Date & Time of Incident: _____ Date of Complaint: _____

Complaint Received by: _____

Nature of Complaint: _____

Complainant's Name: _____ Race / Sex: _____

Home Address: _____

Phone: _____ Cell: _____

If applicable, list of other complainants and/or witnesses:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

TCSO Employee(s) Involved:

Name: _____ Rank: _____ Division: _____

Name: _____ Rank: _____ Division: _____

Name: _____ Rank: _____ Division: _____

Part 2 – Summary of Incident / Complaint: *(use additional sheets if necessary)*

Part 3 - Disposition of Complaint *(by the assigned investigator)*:

Not Sustained Sustained Policy Failure Unfounded Exonerated

Part 4 – Recommendation for Supervisory Action *(to be completed & signed by Supervising Officer)*

a. Law / Statute, Policy Number & Title, or Agency Directive Violated:

b. Recommendation for Disciplinary Action:

c. Justification for Recommendation *(use additional sheets if necessary)*

Investigating Officer (print)

Investigating Officer (signature)

Supervising Officer (print)

Supervising Officer (signature)

Acknowledgements *(If disagreeing with recommendation, attach explanation & alternative)*

Professional Standards Lt.:

Agree

Disagree

(Print) _____ (Signature) _____

Lieutenant:

Agree

Disagree

(Print) _____ (Signature) _____

Division Captain:

Agree

Disagree

(Print) _____ (Signature) _____

Chief Deputy:

Agree

Disagree

(Print) _____ (Signature) _____

Sheriff's Review: (Print) _____ (Signature) _____