



Black Hawk County Sheriff's Office Complaint and Audit Form

**Complaint:**

Approximate Date/Time: _____ Nature of Complaint: _____

Location of Incident: _____

Person Filing Complaint:

Name (Last, First, Middle): _____ Date of Birth: _____

Address: _____ Home Phone: _____

Social Security (Optional): _____ Bus. Phone: _____ Cell Phone: _____

Officer(s) Involved:

Name (Last, First, Middle): _____ Badge/Employee #: _____

Name (Last, First, Middle): _____ Badge/Employee #: _____

Name (Last, First, Middle): _____ Badge/Employee #: _____

Witness(es):

Name (Last, First, Middle): _____ Home Phone: _____

Address: _____ Cell Phone: _____

Name (Last, First, Middle): _____ Home Phone: _____

Address: _____ Cell Phone: _____

Details:

Brief Description of Incident: _____

(Continue on Back If Needed)

Details (Continued):

(Continue on Additional Sheet If Needed)

I do solemnly swear that the information provided in this complaint and audit form is true and accurate to the best of my knowledge. Further, I freely provide this information and detail to ensure that the nature of my complaint may be understood and investigated to the fullest extent possible. I swear or affirm that my statement has been made voluntarily, without persuasion, coercion, or promise of any kind. Finally, I understand that any false reports made to law enforcement officials may be grounds for criminal charges levied against me.

Refused to Sign

Signature: _____

Audit Details:

Complaint Received (Date): _____

Received By: _____

Initial Investigation: Founded Unfounded

Supervisor: _____

(If founded, complete details below. If unfounded, complete brief description)

Description/Decision:

Investigation Details:

Investigator Assigned: _____

Division: _____

Incident Number Assigned: _____

Date Assigned: _____

Supervisor Notified: Date: _____ Signature: _____

Employee(s) Notified: Date: _____ Signature: _____

Division Commander Notified Date: _____ Signature: _____

Chief Deputy Notified Date: _____ Signature: _____

Sheriff Notified Date: _____ Signature: _____

Investigation Results:

Unfounded Exonerated Not Sustained Sustained (Action Taken)