



Office of the Sheriff
Rockingham County

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

Name of Individual Filing Complaint: _____

Address of Individual Filing Complaint:

Street

City/Town

State

Zip Code

Telephone: (____) _____

Home

Work

Cell

Date and Time of Incident: _____

Location of Incident: _____

Name of Officer(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc):

Rank: _____

Name: _____

Id or Badge Number: _____

Vehicle: _____

Name(s), address(es), phone number(s) or other helpful information concerning witness(es), if applicable:

PLEASE ENTER COMPLAINT ON PAGE 2: {LINK TO PAGE 2}

I understand that, under the regulations of the department, the employee against whom this complaint is filed, may be entitled to request at hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Individual Filing Complaint

Date: _____

Refuse to sign Complaint accepted by: _____

STATEMENT OF ALLEGATION: