



# The Office of the Sheriff Pittsylvania County



Michael W. Taylor  
Sheriff

## REPORT OF COMPLAINT AGAINST SHERIFF'S OFFICE PERSONNEL

CONFIDENTIAL

Name of complainant: \_\_\_\_\_

At what address can you be contacted?: \_\_\_\_\_

What phone number? Residence: \_\_\_\_\_ Work: \_\_\_\_\_

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 \_\_\_\_\_

I.D. # \_\_\_\_\_ Badge: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Statement of allegation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Pittsylvania County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the Sheriff's Office, the employee against whom this complaint is filed is being entitled to request a hearing before the Sheriff or his designee.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_ Check if complainant refused to sign

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date and Time Received