



Integrity    Respect    Fairness    Dedication  
SOMERSET COUNTY SHERIFF'S OFFICE

Appendix 1-A

REPORT OF COMPLAINT AGAINST LAW ENFORCEMENT PERSONNEL

CONFIDENTIAL

Name of Complainant: \_\_\_\_\_

At What Address and Telephone Number Can You Be Contacted:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of Employees Against Whom Complaint is Being Filed or  
Other Identifying Marks (Car Number, Badge Number, Etc.)

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Name(s), Address(s), Telephone Number(s) or Other Identifying

Information Concerning Witness(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of Allegation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**If Further Space Is Needed, Use the Reverse Side Of This Sheet**

I understand that this statement of complaint will be submitted to this Law Enforcement Agency 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 Rules and Regulations of this Law Enforcement Agency, the employee(s) against whom this complaint is filed may be entitled to request a hearing. By filing and signing this complaint, I hereby agree to appear before any hearing, if requested by the employee and to testify under oath concerning all matters relevant to this complaint. I further