

SHERIFF, OHIO COUNTY

51 Sixteenth Street, Wheeling, West Virginia 26003

Law Enforcement 304-234-3680 Records 304-234-3792

CITIZEN COMPLAINT FORM

COMPLAINT'S INFORMATION							
Name of Complaint:							
Address (Street/City/State/Zip):							
Telephone Number(s):	(home) (work)		(other)				
Mailing Address (if different from above):							
[ATE AND LOCAT	ION OF I	NCIDENT				
Location of Inc	dent		Date of Incident		Time of Incident		
	RMATION OF WITH						
Name of Witness	Address	Tele	phone Number	phone Number Relation to Complainant			
1) 2)							
3)							
4)							
	DENTITY OF DEP						
Name and/or Rank of Deputy							
Badge/Unit Number of Deputy							
Description of Police Vehicle							
	NATURE OF (
(Please utilize	the space below to briefly su			nt.)			
	the reverse side of this form						

COMPLAINANT CERTIFICATION

I certify under penalty of perjury and false swearing, that the information provided by me is true and correct.

Signature of Complainant:

Date:

METHOD FOR FILING COMPLAINT			NT	NOTARY SEAL		
Please MAIL this	s form to:	Ohio Co	ounty Sheriff's Office - Chief Deputy			
		51 Sixte	eenth Street, Wheeling, WV 26003			
OR Fax this form to: (304)-234-3650		34-3650				
This section to be filled out by Office of the Chief Deputy			by Office of the Chief Deputy			
Received by:	Date Received:		Date Received:			
Investigator Assigned: yes no Investigators:		Investigators:				