

**PLATTE COUNTY SHERIFF'S OFFICE
CIVILIAN COMPLAINT FORM**

COMPLAINANT INFORMATION

Complaints may be submitted anonymously or on behalf of another person. If you do not provide your name, it may prove to be more difficult to investigate the incident.

NAME: _____ DATE OF BIRTH: _____
 (FIRST) (MIDDLE) (LAST)

ADDRESS: _____
 (STREET NAME AND NUMBER) (CITY) (STATE) (ZIP CODE)

TELEPHONE: Home _____ Cell/Work _____

EMAIL: _____

Date of Incident: _____ Time of Incident: _____

Address where incident happened: _____

Name(s) or Badge # of Deputy (if known): _____

Details of Complaint: _____

COMPLAINT AFFIRMATION

I _____ do hereby affirm that the forgoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writings provided to any person(s) investigating this complaint, may be subject to criminal prosecution as it relates to NE Revised Statute 28-907.

I further realize that it may become necessary, during the investigation of this complaint, for me to meet with a member of the Platte County Sheriff's Office to discuss this complaint. I hereby accept the premise that if any disciplinary action occurs, as a result of my complaint, my testimony at a hearing may be required. I hereby agree to make myself available to any such hearing if requested to do so.

Signed: _____

DATE / TIME RECEIVED: _____
RECEIVED BY: _____