

**Loup County Sheriff's Office
CITIZEN COMPLAINT FORM**

INITIAL REPORT

Date:	Time:	Personnel Receiving Report:
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CITIZEN'S INFORMATION

CHECK BOX IF ANONYMOUS

Name:
Address:
Best Contact Information:

PERSONNEL INVOLVED

Name:
Name:
Name:
Name:
If agency personnel name unknown, please provide the best description of the person you can:

WITNESSES INFORMATION

Name:
Contact Information:
Name:
Contact Information:
Name:
Contact Information:
Name:
Contact Information:

INCIDENT /EVENT INFORMATION

Date:	Time:	Location:
Do You Have:	Recording of Event <input type="checkbox"/>	Photos of Event <input type="checkbox"/>
Nature of Complaint		

A large rectangular box with a thin black border. Inside the box, there are 20 horizontal lines spaced evenly down the page, providing a template for writing.