



## Dillon County Sheriff's Office Affidavit For Complaint Investigation

Please read the following carefully before completing this form. For additional information about the Complaint submission, please contact the Sheriff's Office directly.

This form is to be completed by the person filing the affidavit for complaint investigation. This form will be regarded as the official document upon which the complaint investigation shall have its foundation, so it is absolutely necessary that all spaces for information requested be completed. This report form is an official Sheriff's Office report.

Please note that this form is an affidavit and when your electronic signature is affixed to it, that signature will represent (sworn/solemn) affirmation that the information contained herein is the truth. Be advised that you may be requested to submit to a polygraph examination. Should the allegation of this affidavit be untrue, and submitted with deliberate falsification or malicious intent you may be subject to criminal prosecution, or civil liability.

Any further questions or concerns you have in regard to completing this form can be directed to Sheriff Douglas Pernell.

If you wish to remain anonymous, please type "anonymous" in the first name and signature fields below. While it is acceptable to remain anonymous, please understand this may limit the scope of our investigation and prevent us from following up with you if more information is needed.

Complainant's Name:

Address

City

State:

Zip:

Phone Number

Email:

Date of Birth:

Date of Alleged Incident(s):

Time of Incident

Location of Incident:

Was there more than one instance? If so specify \_\_\_\_\_

Were you arrested?      Yes      No      If yes, please state charge.

Were you injured?      Yes      No      If yes, what was the nature of our injuries? \_\_\_\_\_

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If injured, did you seek medical attention?      Yes      No      If yes, at what hospital or clinic? \_\_\_\_\_

On what date, or dates did you undergo medical treatment for this injury? \_\_\_\_\_

**Police Department Employees Involved**

Police Department Employee Involved (if known):	Employee Number (if known):	Vehicle Number (if known):
1.	1.	1.
2.	2.	2.
3.	3.	3.

**Witnesses**

Witness No. 1 Name:      Phone \_\_\_\_\_ Email \_\_\_\_\_

Witness No. 2 Name:      Phone \_\_\_\_\_ Email \_\_\_\_\_

Witness No. 3 Name:      Phone \_\_\_\_\_ Email \_\_\_\_\_

Witness No. 4 Name:      Phone \_\_\_\_\_ Email \_\_\_\_\_

Witness No. 5 Name:      Phone \_\_\_\_\_ Email \_\_\_\_\_

**Alleged Incident**

Please describe in detail in the narrative of complaint, what occurred and the nature of your complaint. Please include as much detail as possible and please be specific as possible. Please try and fully explain the incident(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*You can use additional pages and attach to this affidavit if needed.*

**Signature**

I certify by my electronic signature below, state that this affidavit for complaint investigation is true, and I request an investigation of the matter(s) contained within. I understand that this affidavit is an official police report. I am advised that if the allegation(s) contained within are proven to be untrue, and if this affidavit contains deliberate falsehoods or is made with malicious intent, I may be subject to criminal charges and/or civil liability.

\_\_\_\_\_ Date \_\_\_\_\_

**Enter Full Name As Electronic Signature**

If you would like a copy of the affidavit once filed, please provide your contact info:

Phone \_\_\_\_\_ Email \_\_\_\_\_

