



## CITIZEN COMPLAINT PROCEDURE AND FORMS

Dear Citizen,

The public's confidence and support are vital to successful police service. The public is entitled to have ready access to the police administration that is sworn to serve them. This access will help foster public understanding and acceptance of police procedures, and aid in the detection or correction of improper or undesirable practices.

The Union County Sheriff's Office has adopted a policy that provides a fair, orderly and uniformly applied process for receiving, investigating and resolving complaints of alleged police misconduct. Complaints against the Union County Sheriff's Office employees must be filled out in writing utilizing the Citizen Complaint form and turned into the Union County Sheriff's Office at 200 E. Main Street, Union, SC 29379. The complaint will be promptly forwarded to the review panel and investigated.

When the complaint investigation is completed, the Sheriff will review the case and determine a course of action. You will receive a written response giving the disposition of the investigation.

Sheriff Jeff D. Bailey

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER OR ANY IMPROPER POLICE CONDUCT. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE THE DEPUTY BEHAVED IMPROPERLY.**

*I have read and understood the above statement.*

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Complainant



**UNION COUNTY SHERIFF'S OFFICE  
CITIZEN COMPLAINT REPORT**

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Work Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Today's Date \_\_\_\_\_ Date and Time of Incident \_\_\_\_\_

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

Name(s) of Deputy Employee(s) Involved (if known) \_\_\_\_\_

\_\_\_\_\_

Name(s) of Witness(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Did you speak to a supervisor at the Sheriff's Office regarding the incident? YES / NO

Would you like to speak to a supervisor prior to making a formal complaint? YES / NO

If you've already spoken to a supervisor, name of supervisor: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY**

Supervisor's Comments:

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor receiving complaint: \_\_\_\_\_

Copy to Complainant? YES / NO Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_

Forwarded to Sheriff: Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_



**UNION COUNTY SHERIFF'S OFFICE  
CITIZEN COMPLAINT REPORT**

**Statement of Incident**

Statement of \_\_\_\_\_

Written by \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Narrative**

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Signed \_\_\_\_\_

Additional documents attached \_\_\_\_\_