Logan County Sheriff's Office Complaint Form

Full Name: _____ DOB: __ / __ / ____

Address: _____ Phone: _____

Email: _____

Date: __ / __ / ____ Time: _____ AM / PM Location: _____

Injury: ☐ Yes ☐ No Description (if injured): _____

Officer(s) Name(s): _____ Badge #: _____

Agency: _____

Incident
Description:_____
_____
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_____

Witness 1: _____ Phone: _____

Witness 2: _____ Phone: _____

Evidence provided (☐ Photos ☐ Video ☐ Audio ☐ Documents): _____

Signature: _____ Date: __ / __ / ____