



**CLARKE COUNTY SHERIFF'S OFFICE**

**100 North Church Street  
Berryville, Virginia 22611  
Telephone 540-955-5152  
Facsimile 540-955-4111**

**REPORT OF COMPLAINT AGAINST PERSONNEL**

Name of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_\_\_ Work/Cell Telephone \_\_\_\_\_

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

\_\_\_\_\_

Name of Employee(s) or Other Identifying Information (car number, badge number, etc.)

Rank \_\_\_\_\_ Name \_\_\_\_\_

ID # \_\_\_\_\_ Badge # \_\_\_\_\_

Vehicle: \_\_\_\_\_

Statement of Allegation (if additional space is needed, please use reverse side of form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Information (name(s), address(es), telephone number(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this statement will be submitted to Clarke County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_