PUTNAM COUNTY SHERIFF OFFICE CITIZEN COMPLAINT FORM

Today's Date:	 ;			
Complainant's Name:			Phone:	
Address:			Email:	
City:		State:	Zip:	_
Employee Complaint/Allegat	tions are being made a	gainst:		
Location of I	ncident:			
Date, Time o	of incident:			
Summary of Compla	int/Allegations:			
2	ent. If more space is no	eeded, attach a s		_
Please describe your co	mplaint in detail below	/. Attach anothe	r page if more space is no	∍eded.

hereby certify and swear that the listed information is	true and correct to the best of my knowledge I
am aware that knowingly making a false statement may	y subject me to a criminal penalty under Ohio
Revised Code 2921.13, Falsification and 2921.15, makin	g a False Allegation of Peace Officer Misconduct.
Complainant's Signature	Dated
Sworn to before me this day of	in The State of Ohio,
County of Putnam.	ni the state of Offic,
Notary Public Signature	New Ollins
	Notary Public Name (please print)
Date Commission Expires://	

OFFICE USE ONLY

Received by:		Date:	Time:				
Investigated by:							
SUPERVISOR / INVESTIGATOR NOTES							
S 							
	SHERIFF	NOTES					
9-7-							
			·				
Findings:							
	☐ EXONERATED	□SUSTAINED	☐ NOT SUSTAINED				