Benson County Sheriff's Office Complaint Form



CONFIDENTIAL

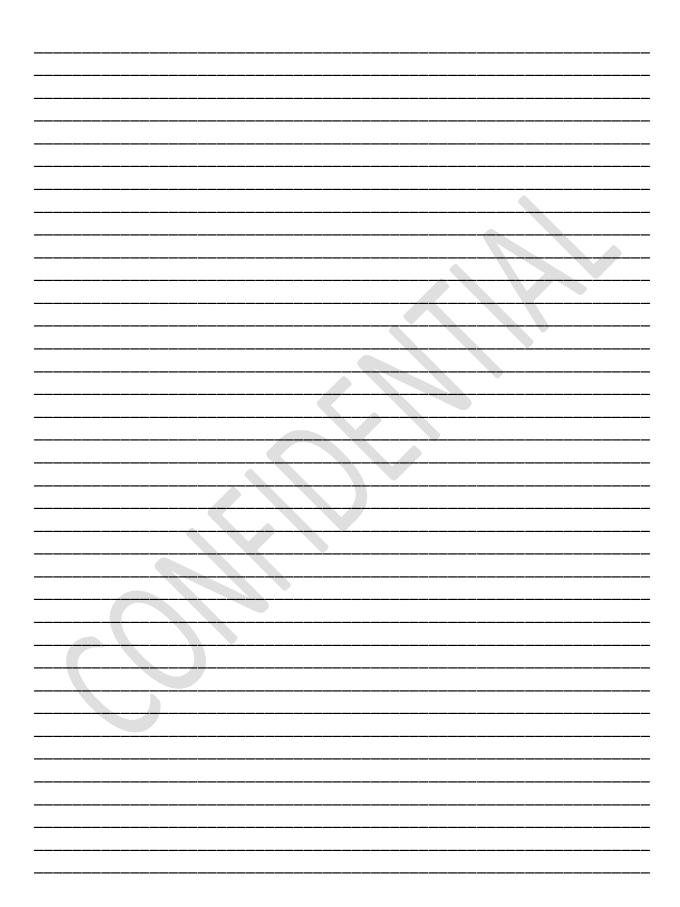
				0	
Name	DOB	Mailing Address	Physical Address	Phone Number	
I understand that thi possibly the Benson sincerely declare and of my knowledge. I a persuasion, coercion	County State's Attorn I affirm that the facts affirm that my statem	ney and may be this b contained herein are	asis for an investigati complete, accurate	ion. Further, I and true to the best	
I further understand that if any or all of the information provided are proven to be false and are filed in retaliation against a member of this agency, I will be prosecuted to the fullest extent of the law.					
I am requesting a fac complaining about?	e-to-face meeting wi	th the department he	ead/sheriff and the o	fficer I am	
Yes No					
Signature of Complai	nant			_	
Signature of Benson	Co. Rep. taking comp	laint			
Date and time receiv	ed				

Refusal to Sign_____
Office Rep. Initials_____

REPORT OF COMPLAINT AGAINST BENSON CO. SHERIFFS OFFICE PERSONNEL

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Name of Deputy/Employee	
Date & Time of Incident	
Location of Incident	
Statement of	
Allegation:	
	



mat would you like the outcome	e of this employee/deputy to be and why?
gned	Date
511CU	