

**Benson County Sheriff's Office
Complaint Form**



CONFIDENTIAL

Name	DOB	Mailing Address	Physical Address	Phone Number

I understand that this statement of complaint will be submitted to the Benson County Sheriff and/or possibly the Benson County State's Attorney and may be this basis for an investigation. Further, I sincerely declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge. I affirm that my statement has been made voluntarily and is not the result of persuasion, coercion or promise.

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 face-to-face meeting with the department head/sheriff and the officer I am complaining about?

- Yes
- No

Signature of Complainant _____

Signature of Benson Co. Rep. taking complaint _____

Date and time received _____

Refusal to Sign _____

Office Rep. Initials _____

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