



Augusta County Sheriff's Office
Donald L. Smith, Sheriff

127 Lee Highway
P.O. Box 860
Verona, Virginia 24482

Phone (540)245-5333
Fax (540)245-5330
Website: www.co.augusta.va.us

Complaint against Sheriff's Office personnel
CONFIDENTIAL

Name of Complainant: _____
At what address can you be contacted: _____

Phone numbers (Home): _____ (Cell) _____
Email address: _____

Date and time of incident: _____
Location of incident: _____

Name of Deputy or employee(s) against whom the complaint is being filed, or other identifying information (Car number, badge number, ect.)

Name: _____
Vehicle: _____
Rank: _____

Name(s) address/phone number or other identifying information concerning witnesses if applicable.

Statement of allegation:

(If further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Augusta 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 this statement has been made by me voluntarily, without persuasion, coercion, or promise of any kind.

Signature of Complainant

Date

