

**RESTRICTED LAW ENFORCEMENT DATA**

This information is confidential and is not to be released to any individual or entity without authority of law.

**LAUDERDALE COUNTY SHERIFF'S DEPARTMENT  
Official Personnel Complaint**

CHECK IF COMPLAINT IS REPORTED ANONYMOUSLY

CHECK IF RECEIVED IN PERSON OR BY PHONE

COMPLAINANT'S

NAME \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OCCURRED \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

LIST EMPLOYEE INVOLVED AND THE SPECIFIC COMPLAINT REGARDING HIM/HER:

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

WITNESSES:

NAME ADDRESS PHONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

IA INVESTIGATOR ASSIGNED: \_\_\_\_\_ DATE ASSIGNED: \_\_\_\_\_

IA DISPOSITION:

\_\_\_\_ SUSTAINED \_\_\_\_ NOT SUSTAINED \_\_\_\_ UNFOUNDED \_\_\_\_ EXONERATED  
\_\_\_\_ OTHER, EXPLAIN: \_\_\_\_\_

IF SUSTAINED, THE FOLLOWING ACTION WAS TAKEN:

\_\_\_\_ ORAL COUNSELING \_\_\_\_ LETTER OF REPRIMAND \_\_\_\_ OTHER

EXPLAIN: \_\_\_\_\_

DATE OF COMPLETION OF INVESTIGATION: \_\_\_\_\_

IA INVESTIGATOR'S SIGNATURE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

DIVISION COMMANDER: \_\_\_\_\_

CHIEF DEPUTY: \_\_\_\_\_

SHERIFF: \_\_\_\_\_

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