

# STORY COUNTY SHERIFF'S OFFICE COMPLAINT FORM

COMPLAINANT				
NAME		ALIAS		
ADDRESS				
CITY	STATE	ZIP CODE	HOME PHONE (   )	CELL PHONE (   )
DL#	DL STATE OF ISSUE	AGE	SEX	
EMPLOYER/SCHOOL			PHONE (   )	
ADDRESS		CITY	STATE	ZIP CODE
INCIDENT				
COMPLAINT TYPE PROCEDURAL [   ]      USE OF FORCE [   ]      DEMEANOR [   ]      OTHER: [   ]				
COMPLAINT AGAINST: 1.			BADGE # (If Applicable)	
2.			BADGE # (If Applicable)	
DATE/TIME OCCURRED		LOCATION		
DATE/TIME REPORTED		HOW REPORTED IN PERSON [   ]    MAIL [   ]    PHONE [   ]    OTHER [   ]		
DETAILS (IF APPLICABLE, GIVE DESCRIPTION OF INJURIES AND TREATMENT LOCATION)				
<b>FALSE POLICE REPORTS TO A LAW ENFORCEMENT AGENCY</b> Anyone providing false information to a law enforcement agency can be charged under 718.6 of the Iowa Criminal Code.				
SIGNATURE OF COMPLAINANT			DATE	
REPORT RECEIVED BY			DATE/TIME	
OFFICE USE				
FORWARDED TO:			DATE	
SUPERVISOR SIGNATURE		DATE	TIME	