



UTAH COUNTY SHERIFF'S OFFICE

Sheriff James O. Tracy

ASD Control Number/Case Number _____

COMPLAINT FORM

Complainant: _____ Home Phone: _____
 Address: _____ Business Phone: _____
 City: _____ State: _____ Zip Code: _____

Complaint/Allegation made against: _____
 (Employee's Name)

Summary of the Complaint/Allegations: _____

Location of occurrence: _____

Date of occurrence: _____ Time of occurrence: _____

Witness: _____ Home Phone: _____
 Address: _____ Business Phone: _____
 City: _____ State: _____ Zip Code: _____

Notice: Pursuant to Section 76-8-504.5, Utah Code Annotated, 1953 as amended, you are notified that statements you are about to make may be presented to a magistrate or judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment as a Class A Misdemeanor.

Complainants's Signature: _____ Witness's Signature: _____

Received by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

