South Carolina Law Enforcement Division
Citizen's Complaint Form

Name: _____ Phone: (Home) _____

Date of Birth: _____ (Work) _____

Address: _____ (Cell) _____

_____

Date/Time of Occurrence: _____ Date of Complaint_____

Location of Occurrence: _____

Driver's License Number: _____ State: _____

Name of Employee(s) Involved:

_____

_____

Witnesses: _____ Phone: _____

Witnesses: _____ Phone: _____

Please provide a detailed narrative of your complaint. You may use additional sheets if necessary.

_____

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_____

Signature: _____ Date: _____