## TULSA COUNTY SHERIFF'S OFFICE COMPLAINT FORM

You have the right to make a complaint against any TCSO employee for improper conduct. The Tulsa County Sheriff's Office will perform a complete and thorough investigation, and you will be notified at the outcome of that investigation. If the allegations made herein are sustained, the Tulsa County Sheriff's Office can not release to you any information regarding the disciplinary action taken. The investigation may determine that the employee(s) acted properly or that there is not enough information to prove or disprove the allegations.

Please provide the requested information, which will be needed while reviewing the facts surrounding your complaint. Include as many details as possible and PLEASE PRINT.

	(5)	Birth Date:
	(First, middle, last)	
Address:		Home Phone:
	(Street address and Apt# if applicable)	
		Other Phone: [] Work [] Cell [] Frience
	(City, State, Zip)	[] Work [] Cell [] Friend
	•	the conduct or actions of the TCSO employee(s) listed
iereafter v	which occurred during an incident	that took place:
On	(Date):	at around (Time):
n the vicini	ity of (Location):	
My compla	aint involves:	
Officer / Em	nployee(s):	
Badge Num	nber(s):	
Car Numbe	er(s):	
Car Numbe	er(s):	
Car Numbe <u>Vitness In</u>	er(s):	
Car Numbe <u>Witness In</u> 1) Name: _	er(s):	Contact Phone:
Car Numbe Witness In (1) Name: _ Add	er(s):	Contact Phone:

(Please provide complete address)

## **Incident Details**

Provide details about the surrounding circumstances and what was happening prior to the actions that have resulted in this complaint.	
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- <u></u>	
Provide details about wi	hat the person(s) you have identified did that caused you to file this complaint.
	(You may attach additional pages, if necessary)
	document will be delivered to the Internal Affairs Unit of the Tulsa County Sheriff's
	I have primary responsibility for performing a follow-up investigation. I declare and ts made herein are complete, accurate, and true to the best of my knowledge and
	at attesting to false statements intentionally provided herein, may result in criminal
and/or civil proceedings	against me.
Furthermore, I agree to	fully cooperate with the investigators and agree to appear at any civil or criminal
proceedings, if necessa	ry.
Date:	Attested To:(Signature)
Please return this form	to:
	Tulsa County Sheriff's Office
	Internal Affairs Unit 303 West 1 <sup>st</sup> Street
	Tulsa, Oklahoma 74103

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Received by:

on (date):