#### OFFICE OF THE SHERIFF



# Rick Harrell

"The Public. For The People. By The People."

636-528-8546

#### Complaint Against Deputy / Employee

If you feel that a Lincoln County Deputy or Sheriff's Department Employee has acted improperly, you may file a written formal complaint against the Deputy or Employee on the attached form.

All Complaints are investigated.

\*\* CAUTION: If our investigation reveals that the complaint was made maliciously, in bad faith, with knowledge that the accusation was false or that the complaint is filed solely as nuisance without grounds or proper validity, then steps shall be initiated by this Department or by the Deputy or Employee with the support of this Department to seek prosecution and/or civil action against the complaining party.

If our investigation reveals the Deputy or Employee to be guilty, disciplinary action shall be taken by this Department.

Witnesses, the Complaining Party, the Deputy, the Employee, and any other persons involved in the actions that resulted in the filing of a written complaint may be required to submit to a polygraph examination (Lie Detector Test) before any investigation is initiated or before any disciplinary action is taken.

\*\* This is a Police Report. Sections 575.050, 575.060, 575.080 RSMo. Deem it a misdemeanor to file a false Police Report.

Having read the above information, I hereby wish to make such formal written complaint against a Lincoln County Deputy Sheriff or Employee. I further agree to voluntarily submit to a polygraph examination by this Department if it is deemed necessary.

	(Print Name)	
Signature:		
Witness:		

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SHERIFF

"Publicus. Pro populus. Per populus."

636-528-8546

Your Name:		Date:
Address:		
Home Phone:	Work Phone:	
Deputy / Employee's Name (Correct Specific (If more than one Deputy/Employee fill out a separation)	elling)arate form for each)	
If Deputy/Employee's name is not know	n, show any other means to obtain	n identification such as physical description,
badge/work number, Patrol car number,		
		Time of Incident:
Location (Specific as Possible)		
If Parties involved were not in the same l	· ·	please explain.
If motor vehicle is involved:		
License No	Make:	Year:
Model:	Color:	
Other distinguishing features:  Describe the incident in detail, especially possible.)		of what was actually said by each party as
possible.)		

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SHERIFF

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Can you positively identify the employee?	Yes No	
If not, can any of your witnesses positively in		
If so, indicate which ones in the spaces below	-	ess, and telephone number of each of
your witnesses:	v. Dist bolow the confect hume, addit	cos, and telephone number of each of
1. Name:		
Address:		
Home Phone:		
State what the witness can testify to (Only w		

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	OLNCO	636-528-8546
2. Name:		
Address:		
Home Phone:	Work Phone:	
State what the witness can testify	to (Only what the witness personally saw or he	eard).
3. Name:		
	Work Phone:	
State what the witness can testify	to (Only what the witness personally saw or he	eard).
4. Name:		
	Work Phone:	
	to (Only what the witness personally saw or he	
	or (1)	

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### Rick Harrell

SHERIFF

OFFICE USE ONL	Y	OLN CON	636-528-8546
Investigation Chain			······································
Employee Supervisor	(Print Name)		(Signature)
Bureau Commander:_	(Print Name)		(Signature)
Sheriff:	(Print Name)		(Signature)
Personnel:	(Print Name)		(Signature)