

**York County Sheriff's Office
Office of Professional Standards/Internal Affairs Unit**

Affidavit for Complaint Investigation

(Please read the following carefully before completing this form)

This form is to be completed by the person filing the affidavit for complaint investigation. The form should either be typed or legibly handwritten, and returned to the Office of Professional Standards/Internal Affairs Unit within five (5) days of accepting the form. This form will be regarded as an official document upon which the complaint investigation shall have its foundation, so it is absolutely necessary that all spaces for information requested be completed in specific details. This report form is an official Sheriff's Office report. If the spaces provided for narrative explanation are not sufficient, you may attach separate sheets of paper with additional narrative explanation and details.

Do note that this form is an affidavit and when your signature is affixed to it, that signature will represent (sworn/solemn) affirmation that the information contained herein is the truth. Be advised that you may be requested to submit to a polygraph examination.

Complainant's Name		Address	
Date of Birth	Social Security Number	City, State	Zip Code
Place of Employment		Home Phone	Business Phone
Date of Report	Date/Time of Complaint Incident	Location of Complaint Incident	
Were you arrested? () Yes () No	If yes, state charge(s)	Were you injured? () Yes () No	If yes, nature of injuries
Did you seek medical attention? () Yes () No	If yes, by Whom, Where and When		
Sheriff's Office Employees Involved:			
1. _____		3. _____	
2. _____		4. _____	
Witness(s) to Complaint Incident			
Name		Phone	
Name		Phone	
Address		Address	
General Nature of Complaint (use back for additional space)			

Narrative of Complaint

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I, _____, by my signature below state this affidavit for complaint investigation is true, and I request an investigation of the matters contained within. I understand this affidavit is an official Sheriff's Office report.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____