

**Martin County Sheriff's Office  
Complainant Form**

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

Principle Officer(s): (If unknown, physical description)

Badge Number(s): \_\_\_\_\_ Squad Number(s): \_\_\_\_\_

Citation or Case Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUMMARY OF ALLEGED MISCONDUCT:** This should be completed by the complainant and signed. Include all relevant information: the reason you had contact with the Law Enforcement or Correctional Officer(s), and narrative of the events. Include an explanation if you believe misconduct occurred. If needed, you may include additional pages. Include copies of any supporting documents you may have. Please sign and date all pages.