



NEWBERRY COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM COVER SHEET

PLEASE MAINTAIN THIS PAGE FOR YOUR RECORDS

WHAT TO EXPECT AFTER FILING A COMPLAINT

IMPORTANT: GUILT ON INNOCENCE OF ANY CHARGES YOU MAY BE FACING WILL NOT BE DETERMINED BY THIS INVESTIGATION. YOU WILL STILL BE REQUIRED TO APPEAR FOR ALL SCHEDULED COURT APPEARANCE(S) RELATED TO ANY AND ALL PENDING CHARGES.

- There are two types of complaints that may be filed at the Newberry County Sheriff's Office – Official and Unofficial
- An official complaint will be assigned to an internal affairs investigator.
- The internal affairs investigator will contact you and schedule an interview.
- The investigator will interview all witnesses involved including officers and employees. Any audio and/or video recordings will be reviewed as well.
- The internal affairs investigator will report the findings of the investigation and all relevant information to a review committee. This committee is headed by the Chief Deputy and includes a diverse group supervisors from various divisions of the Sheriff's Office.
- If it is found that the rules or regulations were violated, the appropriate disciplinary action will be taken. If the action taken by the officer is criminal in nature, the investigation will be turned over to the South Carolina Law Enforcement Division for further investigation.
- No matter the outcome of the investigation, you will receive written notification from the Chief Deputy explaining the committee's findings.
- An unofficial complaint means that you would like to bring some activity by an officer to our attention for review by the officer's supervisor for their information and/or action.
- No internal affairs investigation will be conducted unless after the supervisor's review determines that additional action is needed by the agency.
- This matter will not be brought before the review committee.
- While the matter will be documented, you will not receive any further correspondence from this agency regarding this matter.
- If you have any questions about the process, you may contact Divisional Commander of the internal affairs division, Major Danny Gilliam, at (803) 321-2211.



NEWBERRY COUNTY SHERIFF'S OFFICE

OFFICIAL CITIZEN COMPLAINT FORM

| | |
|---|--|
| Nature of Officer Contact/Incident/Event | I.A. Case # (Administrative Use Only) |
| Today's Date and Time | Deputy Taking Complaint |

Acknowledgement Statement

I understand that by filing this complaint that the following will apply:

Guilt or innocence of any charges I may be facing will not be determined by this investigation. You will still be required to appear for all scheduled court appearance(s) related to any and all pending charges.

This is an Official complaint and an Internal Affairs Investigator will be assigned to review the complaint.

The Internal Affairs Investigator will contact me and schedule and interview. The investigator will also interview all witnesses involved including officers and employees. Any audio and/or video recordings will be reviewed as well.

The internal affairs investigator will report the findings of the investigation and all relevant information to a review committee. This committee is headed by the Chief Deputy and includes a diverse group supervisors from various divisions of the Sheriff's Office.

If it is found that the rules or regulations were violated, the appropriate disciplinary action will be taken. If the action taken by the officer is criminal in nature, the investigation will be turned over to the South Carolina Law Enforcement Division for further investigation.

No matter the outcome of the investigation, you will receive written notification from the Chief Deputy explaining the committee's findings.

I hereby acknowledge that the following statement is true and correct. Any and all information will become a part of an official Law Enforcement Investigation.

I understand that any false statements or false information is considered a criminal offense under SC State Law 16-17-725.

Signature of Person making Complaint

Sheriff's Office Employee Information

| | | | | |
|---|---------------|--|-------------------------|------------------------|
| Employee's Name (if known) | | Race | Sex | Approximate Age |
| Height | Weight | Other Identifying Characteristics | | |
| Vehicle Tag | | Vehicle Model | In Uniform/ Type | |
| Employee Vehicle Description (Marked/Unmarked/Color) | | | | |
| Location of Incident/Event | | Day/Date Incident/Event | Time | |
| Complainant's Initials: | | | PAGE | of |

Citizen Information

| | | | |
|---|---------------|---------------|-----------------|
| Citizen's Name (First Middle Last) | | | |
| Home Address | City | State | Zip Code |
| Race | Sex | Age | |
| Home # | Work # | Cell # | |

Is the complaint is being made for a third party? _____

| | | | |
|---|---------------|---------------|-----------------|
| Third Party's Name (First Middle Last) | | | |
| Home Address | City | State | Zip Code |
| Race | Sex | Age | |
| Home # | Work # | Cell # | |

Witness Information

| | | | |
|--|--------------|---------------|-----------------|
| Name of Witness (First Middle Last) | | | |
| Witness Address | City | State | Zip Code |
| Home # | Work# | Cell # | |

| | | | |
|--|--------------|---------------|-----------------|
| Name of Witness (First Middle Last) | | | |
| Witness Address | City | State | Zip Code |
| Home # | Work# | Cell # | |

Any additional Complainants or Witnesses may be added in a supplemental page.

Narrative of Complaint

Please provide a factual representation of the incident of which you are complaining. Please provide date, time, and location where incident occurred and any witnesses to the event. You may continue this statement on the back and use additional pages if needed.

Narrative of Complaint Continued

Yes **No** **Continued on a Narrative Supplemental**

What do you feel would be a fair resolution to the situation that occurred?

I certify that I have been given a copy of this completed Official Citizen's Complaint form consisting of _____ pages. Complainant's Initials _____