

Yellow Medicine County Sheriff's Office Citizen Complaint Form (CCF)

Complainant's Name: _____

Complainant's Address: _____

City, State, Zip Code: _____

Telephone Number: _____
(DAYTIME) (EVENING)

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: (If unknown, Physical Description) _____

Badge Number: _____ Squad Number: _____

Citation or Case Number: _____

SIGNATURE: _____ **DATE:** _____

