

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 OR 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 Divisional Commander and includes 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 Divisional Commander 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, Lieutenant Pete Johnson at piohnson@ncso.sc.gov or (803) 321-2211.



NEWBERRY COUNTY SHERIFF'S OFFICE

UNOFFICIAL CITIZEN COMPLAINT FORM

Nature of Office	er Contact/Incident/Event	Deputy Taking Complaint
Today's Date a	nd Time	

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 Unofficial Complaint that I would like to bring the activity of an officer to the attention of the officer's supervisors for their review and any actions needed.

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, I will not receive any further correspondence from this agency regarding this matter.

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 understan	d that any	false sta	tements or	fal	lse ini	formati	on is	s considered	l a crimin	nal oi	ffense ι	ınder S	C State	Law:	16-1	7-72	25.

Signature of Person making Complaint	

Sheriff's Office Employee Information

Employee's N	ame (if knov	vn) R	ace	Sex	Approximate	e Age			
Height	Weight	Other Identifyi	ng Ch	aracter	istics				
Vehicle Tag		Vehicle Mode	el		In Uniform/	Туре			
Employee Vel	Employee Vehicle Description (Marked/Unmarked/Color)								
Location of Incident/Event		Day/Date Incident/Event		Time					
					Complainant's	s Initials:	ı	PAGE	of

Citizen Information

Citizen's Name (First I	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		Ag	e		
Home #	Work #	Work #		Cell #		

Witness Information

Name of Witness (Fi	rst Mido	dle Last)			
Witness Address	City		State		Zip Code
Home #	•	Work#		Cell #	

Name of Witness (Fi	rst Mide	dle 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 provide date, time, and location where incident occurred		
may continue this statement on the back and use addition		
	Complainant's Initials: PAGI	E of

d on a Narrative Supplemental
d on a Narrative Supplemental
d on a Narrative Supplemental

Narrative of Complaint Continued