



# Clay County Sheriff's Office

12 S Water Street \* Liberty, MO 64068

Phone: (816) 407-3742 \* Fax (816) 407-3751

## Complaint Form

If you have a complaint against any Clay County Sheriff's Office employee, you may file a complaint in person, or mail the complaint. Please complete this form by hand and mail or deliver in person to the address below. In either case, the form must be signed and dated by the complainant.

Mail to: Clay County Sheriff's Office  
Professional Standards Unit  
12 S Water St Liberty,  
Missouri 64068

Your Name: (Last, First Middle)		SSN	DOB (mm/dd/yyyy)	
Address			City, State	Zip Code
Sex	Race	Phone Number	Work Phone Number	Cell Phone Number
Employee(s) Involved		Badge/Radio No.		Rank/Division
Witness Name		Address		Phone Number
Location of Incident			Date Occurred	Time Occurred
Details of Complaint: (Please include all details known to you. If more room is needed or you could not fit information into the blocks above please attach additional sheets)				

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making intentional false declarations to public servants or untrue statements under oath or affirmation may be punishable by law, (see RSMO 575.050.2) I further understand that I must personally sign this complaint in order for it to be valid, and that false reporting in an attempt to unjustly subject an employee to undeserved discipline or slander, or place his/her employment in jeopardy, can result in criminal charges, and the accused employee(s) may pursue legal remedies against me.

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

**Type of Complaint**

**Date Received**

**Time Received**

**Complaint No.**

**Complaint Resolved**

**Date**

**Yes**

**No**

**Resolution / Action Taken**

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**Signature of Supervisor Taking Complaint**

**Date**

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**Division**