

Onondaga County Sheriff's Office
Tobias Shelley
Sheriff



Civilian Complaint Form

Name of Complainant:

Date of Birth:

Address:

Home Phone:

Cell Phone:

Date of Incident:

Time of Incident:

Case Number:

Location of Incident:

Name of Deputy involved:

Describe the incident and your complaint: (Additional space available on second page)

What charges were filed against the complainant:

Was the complainant injured during this incident: Yes No If yes, describe injuries:

Witness Name, Address and Phone Number:

I have read this statement and swear that the facts contained herein are true and correct to the best of my knowledge and recollection.

