



## Augusta County Sheriff's Office

*Donald L. Smith, Sheriff*

127 Lee Highway  
P.O. Box 860  
Verona, Virginia 24482

Phone: (540) 245-5333  
Fax: (540) 245-5330  
Web: [www.co.augusta.va.us](http://www.co.augusta.va.us)

### Complaint Against Sheriff's Office Personnel

All Information Submitted On This Form Will Remain Confidential

**Complainant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Location of incident:** \_\_\_\_\_

**Identifying information of Deputy or employee(s) against whom the complaint is being filed (name, badge / car number, rank, etc.):**

**Name(s), address, phone number or other identifying information concerning witnesses (if applicable):**

**Statement of allegation (if further space is needed, attach additional sheet):**

*I understand that this statement of complaint will be submitted to the Augusta County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of knowledge and belief. Further, I declare and affirm that this statement has been made by me voluntarily, without persuasion, coercion, or promise of any kind.*

**Complainant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of person receiving complaint** \_\_\_\_\_

**Date and time received:** \_\_\_\_\_