

## PERSONNEL COMPLAINT REPORT

**Notice:** 

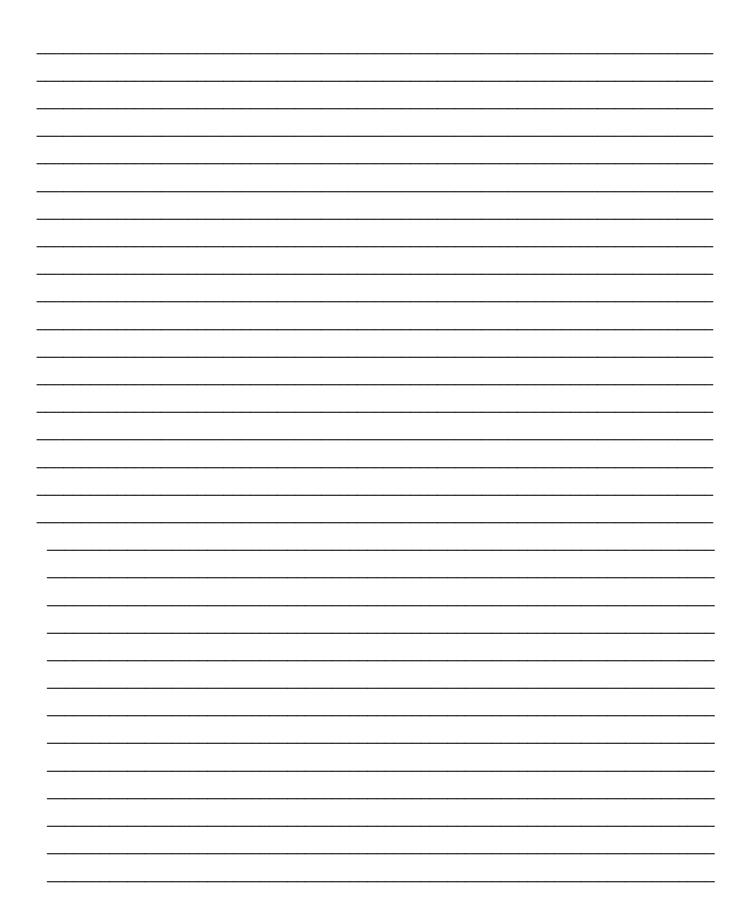
This form is an official police report form. To deliberately make false or misleading statements on this form, or to any officer or deputy investigating the information submitted in this Report, whether those statements are written or verbal, may be guilty of a criminal offense under Utah Law U.C.A. 76-8-606 (Making a False report)

Questions and Inquiries can be made by Mail, phone call, or e-mail to:

Sheriff Ryan Arbon 1400 S. Depot Drive Ogden, Utah, 84404 Phone: (801) 778-6600

e-mail: rarbon@co.weber.ut.us

Person making complaint:		D.O.B	:
Home Address:			
Work name and address:			
Home Phone:	Work Phone:	Cell Phone:	<del></del> -
What is the best time to co	ontact you?		<del> </del>
Person you are making the	e complaint against:		
IF YOU DO NOT KNOW 1	THE PERSON'S NAME, THEN D	ESCRIBE HIM/HER BELOV	<b>V</b> .
Date of incident:	Time occurred:	Case #:	
Where did the incident tak	e place:		
Describe what happened,	be specific as to what was said.	Include information on any w	vitnesses:
			Continue to next nage



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declare this to be a true and correct report a hat I may be criminally charged for filing a fal	and the information therein to be a fact. I further understand alse report, under (LIST APPLICABLE STATE STATUTE).
Printed name of person filing complaint	Date
Signature of person filing complaint	