City of

Tega Cay, South Carolina

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Tega Cay, SC 29708

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COMPLAINT REPORT

(Please read the following carefully before completing this form)

This form is to be completed by the person filing the affidavit for complaint investigation. The form should either be typed or legibly handwritten, and returned to the Office of Professional Standards /Internal Affairs Unit within five (5) days of accepting the form. This form will be regarded as an official document upon which the complaint investigation shall have its foundation, so it is absolutely necessary that all information requested be completed in specific detail. If there is not sufficient space, you may attach separate sheets of paper with additional narrative explanation and details. This report is an official Police Department report.
Do note that this form is an affidavit and when your signature is affixed to it, that signature will represent (sworn/solemn) affirmation that the information contained herein is the truth.

Control Number:_____

Date/Time Complainant Received: _____

Involved Member: _____

Date/Time of Incident: _____

Complainant: _____
(Name)

_____
(Address)

_____
Contact Number(s)

Complaint Originated: ____ **In Person** ____ **By Telephone**
____ **By letter** ____ **Other**

Summary of Compliant: _____

_____

_____

_____

_____

_____

_____

I, _____, by my signature below state this affidavit for complaint investigation is true, and I request an investigation of the matters contained within. I understand this affidavit is an official Police Department report.

Signed:_____ Date:_____

Official Receiving Complaint: _____
(Attach additional documentation, reports, and statements to this form)