LAWRENCE COUNTY SHERIFF'S OFFICE

CITIZEN COMPLAINT FORM

430 Court Street, New Castle, Pennsylvania 16101
Phone: 724-652-5121 Fax: 724-656-2477

Purpose of this form

The Lawrence County Sheriff's Office is committed to professional, courteous, and lawful service. This form may be used to report a concern or complaint regarding the conduct of a deputy or employee. Complaints will be reviewed fairly and impartially. Please provide as much accurate information as possible. If you do not know an answer, enter "Unknown" or "N/A."

* ***Fields marked with an asterisk are required for the form to be considered complete***.

1. General Information

Submission of a complaint does not, by itself, establish that misconduct occurred. Each complaint will be reviewed and, when appropriate, investigated based on the available facts and evidence. You may be contacted for additional information or supporting documentation.

2. Contact Information

First Name	**Last Name**
Address	**City**
State	**ZIP Code**
Email Address	**Phone Number**

Preferred method of contact: ☐ Phone ☐ Email ☐ Mail

Best time to contact you:

3. Complaint Information

Date of Incident	**Approximate Time**
Location of Incident	**Incident / Case Number, if known**

Describe what occurred *

Include what happened before, during, and after the incident. Identify specific words or actions when possible.

What specific action or conduct are you complaining about? *

Were you arrested, detained, transported, served with legal process, or otherwise involved in an official Sheriff's Office action related to this complaint?

☐ Yes ☐ No

If yes, explain

Do you have documents, photographs, recordings, video, messages, or other evidence related to this complaint?

☐ Yes ☐ No

If yes, describe the evidence

4. Witness Information

Were there any witnesses to the incident?

☐ Yes ☐ No ☐ Unknown

Witness 1

Name	**Phone Number**
Email Address	**Address, if known**

Witness 2

Name	**Phone Number**
Email Address	**Address, if known**

Additional witness information

5. Employee / Deputy Information

Name of Deputy or Employee, if known	Badge Number, if known
Rank / Position, if known	**Vehicle Number, if known**

Was more than one Sheriff's Office employee involved?

☐ Yes ☐ No ☐ Unknown

Additional identifying information
Provide any additional names, descriptions, badge numbers, vehicle numbers, or other identifying information.

6. Submission & Review

By submitting this complaint, I understand that:

- The Lawrence County Sheriff's Office may contact me for additional information.
- I may be asked to provide supporting documents or other evidence.
- Employees and witnesses identified in the complaint may be interviewed as part of the review or investigation.
- The submission of a complaint does not, by itself, establish that an employee violated Sheriff's Office policy or the law.
- The Sheriff's Office will determine the appropriate course of action based on the facts and circumstances.
- Information contained in this complaint may become part of an official Sheriff's Office record and may be disclosed when required by law.

☐ I have read and understand the information above.

7. Signature & Affirmation

I affirm that the information provided in this complaint is true and accurate to the best of my knowledge and belief. I understand that I may be contacted by the Lawrence County Sheriff's Office regarding this complaint and may be asked to provide additional information.

Printed Name *	Date *

Electronic Signature *

☐ I affirm the statement above and intend my typed name to serve as my electronic signature.

FOR SHERIFF'S OFFICE USE ONLY

Date Received	**Complaint Number**
Received By	**Assigned To**
Date Assigned	**Date Closed**

Classification: ☐ Administrative ☐ Conduct ☐ Policy / Procedure ☐ Use of Force ☐ Courtesy / Professionalism ☐ Other

Disposition: Office use