

UTAH COUNTY SHERIFF'S OFFICE

Sheriff Mike L. Smith

| ASD Contr | rol Number/Case Num | ber | | | | |
|-------------------------------|-----------------------------------|--|-------------------------------------|-----------------------------|--|--|
| | | COMPLAINT F | ORM | | | |
| Complainant: | | | Home Phone: | | | |
| Address: | | | Business Phone: | | | |
| City: | | State: | | Zip Code: | | |
| | Complaint/Al | legation made against: | | | | |
| | (Employee's Name) | | | | | |
| Summar | ry of the Complaint | t/Allegations: | | | | |
| | | | | | | |
| | | | | | | |
| Location | of occurrence: | | | | | |
| Date of occurrence: | | Time of occurrence: | | | | |
| | | | | | | |
| Witness: | | | Home Phone: | | | |
| Address: | | | Business Phone: | | | |
| City: | | State: | | Zip Code: | | |
| statements you testimony at a | ı are about to preliminary exc | 6-8-504.5, Utah Code Annota make may be presented to amination. Any false stateme nal punishment as a Class A | a magistrate or ent you make and | judge in lieu of your sworn | | |
| Complainants's Sig | nature: | | Witness's Signature: | | | |
| Received by: | | Da | nte: | Time: | | |
| Reviewed by: | | Dε | nte: | Time: | | |

COMPLAINT FORM - NARRATIVE