



## CITIZEN COMPLAINT PROCEDURE AND FORMS



Dear Citizen:

The public's confidence and support are vital to successful police service. The public is entitled to have ready access to the police administration that is sworn to serve them. This access will help foster public understanding and acceptance of police procedures, and aid in the detection or correction of improper or undesirable practices.

The Lancaster County Sheriff's Office has adopted a policy that provides a fair, orderly and uniformly applied process for receiving, investigating and resolving complaints of alleged police misconduct. Complaints against the Lancaster County Sheriff's Office employees may be filed by contacting a Sheriff's Office supervisor and giving all details regarding the incident or may be filed in writing utilizing the Citizen Complaint form. The complaint will be promptly forwarded to the Sheriff for his review and assignment for investigation.

When the complaint investigation is completed, the Sheriff will review the case and determine a course of action. You will receive a written response giving the disposition of the investigation.

Sheriff Barry S. Faile

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A PEACE OFFICER FOR ANY IMPROPER POLICE CONDUCT. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE THE DEPUTY BEHAVED IMPROPERLY.**

*I have read and understood the above statement.*

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Complainant



## LANCASTER COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT REPORT

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Work Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Today's Date \_\_\_\_\_ Date and Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Name(s) of Deputy Employee(s) Involved (if known) \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Witness(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Additional witness information attached.

Did you speak to a supervisor at the Sheriff's Office regarding the incident? YES/NO

Would you like to speak to a supervisor prior to making a formal complaint? YES/NO

If you've already spoken to a supervisor, name of supervisor: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR DEPARTMENT USE ONLY**

Supervisor's Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor receiving complaint: \_\_\_\_\_

Copy to Complainant? YES/NO      Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_

Forwarded to Undersheriff:      Date \_\_\_\_\_ Emp. Int. \_\_\_\_\_



**LANCASTER COUNTY SHERIFF'S OFFICE**  
**CITIZEN COMPLAINT REPORT**



Statement of Incident

Statement of \_\_\_\_\_

Written by \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Narrative**

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Signed \_\_\_\_\_ Additional documents attached \_\_\_\_\_