



Augusta County Sheriff's Office

Donald L. Smith, Sheriff

127 Lee Highway / P.O. Box 860
Verona, Virginia 24482

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Web: <https://www.co.augusta.va.us>

Complaint against Sheriff's Office personnel

ALL INFORMATION SUBMITTED ON THIS FORM WILL REMAIN CONFIDENTIAL

Complainant's Name: _____

Address: _____

Phone number: _____

Email address: _____

Date and time of incident: _____

Location of incident: _____

Identifying information of Deputy or employee(s) against whom the complaint is being filed (name, badge / car number, rank, etc.):

Name(s), address, phone number or other identifying information concerning witnesses (if applicable):

Statement of allegation:

I understand that this statement of complaint will be submitted to the Augusta County Sheriff's Office and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that this statement has been made by me voluntarily, without persuasion, coercion, or promise of any kind.

Complainant's Signature: _____

Date: _____

Signature of person receiving complaint: _____

Date & time received: _____