

CITIZEN COMPLAINT FORM

If you have a complaint against a Polk County Sheriff's Office employee, you may file a complaint in person, or mail the complaint. Please print this form, complete it by hand, and mail or deliver it in person to the address below. In either case, the form must be signed and dated by the complainant.

Mail to: Polk County Sheriff's Office
Attn: Undersheriff
113 E. Jefferson
Bolivar, Mo. 65613

Name of complainant (last, first, middle)

Sex Race Date of Birth

Street Address

City State Zip Code

Home Phone - -

Employee name (if known)

PCSO case number (if known)

Witness name, address, phone

Please attach additional sheet containing other witnesses, addresses and phone numbers

Details of Complaint

Please attach additional sheets explaining in detail what occurred.

I hereby certify that the statements given by me herein are true and accurate to the best of my personal knowledge. I understand that making intentional false declarations to public servants or untrue statements under oath or affirmation may be punishable by law.

Signature of Complainant _____ Date _____