



**SUMTER COUNTY SHERIFF'S OFFICE  
ANTHONY DENNIS, SHERIFF  
1281 NORTH MAIN STREET  
SUMTER, SC 29153**

## **SUMTER COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM**

The deputies and employees of the Sumter County Sheriff's Office are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interest of everyone that your complaint about the performance of an individual deputy or employee is resolved fairly and promptly. The Sumter County Sheriff's Office has formal procedures for investigating your complaint(s). The procedures ensure fairness and protect the rights of both citizens and law enforcement officers.

- Your complaint will be sent to a supervisor or an internal affairs investigator who will conduct a thorough and objective investigation.
- You might be asked to help in the investigation by giving a detailed statement about what occurred or by providing other important information.
- All complaints against a deputy or an employee are thoroughly investigated. You will be advised in writing of the disposition of the investigation.
- If our investigation shows that a crime might have been committed, the South Carolina Law Enforcement Division (SLED) will be notified. You may be asked to testify in court.
- If our investigation shows that the complaint is unfounded or the deputy or employee acted properly, the matter will be closed.

**Please note that it is unlawful to provide information about an alleged crime in this complaint which you do not believe to be true. The filing of a knowingly false complaint of criminal activity will result in criminal prosecution.**

**You may call the Sumter County Sheriff's Office at 803-436-2000 and request to speak with the Internal Affairs Investigator during normal business hours if you have any additional information or questions about the case.**

## COMPLAINANT CONTACT INFORMATION

NAME		DATE OF BIRTH	
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE		CELL PHONE
EMAIL ADDRESS			

## INVOLVED SCSO PERSONNEL AND ALLEGATION

EMPLOYEE NAME
EMPLOYEE NAME
SCSO INCIDENT REPORT NUMBER (IF KNOWN)
DATE AND APPROXIMATE TIME OF INCIDENT
LOCATION OF INCIDENT/OFFENSE
NATURE OF COMPLAINT
DESCRIBE OR ATTACH A DESCRIPTION OF THE INCIDENT (YOU MAY ATTACH ADDITIONAL PAGES IF NEEDED)

**I hereby acknowledge that the above statement is true and correct. Any and all information will become a part of an official Law Enforcement Investigation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMPLAINT RECEIVED BY:	DATE/TIME RECEIVED
RECEIVED BY INTERNAL AFFAIRS	DATE/TIME RECEIVED