



Greene County Sheriff's Office
Attention Professional Standards
5100 W. Division Street * Springfield, MO 65802
Phone: (417) 868-4041 * Fax (417) 829-6662



Complaint Form

If you have a complaint against any Greene County Sheriff's Office employee, you may file a complaint in person, or mail the complaint. Please complete this form and mail or deliver in person to the address above. In either case, the form should be signed and dated by the complainant.

Your Name: (Last, First Middle):			Date of Birth (mm/dd/yyyy):	
Address (Include City, State and Zip Code):				
Sex:	Race:	Phone Number:	WorkPhone Number:	Alternate Phone Number:
Involved Employee(s)(if known):			GCSO Case Number (If known):	
Witness Name, Address and Phone Number:				
Details of Complaint (Please include all details known to you. If more room is needed or you could not fit information into the blocks above please attach additional sheets.)				

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. I further understand that I must personally sign this complaint in order for it to be valid, and that false reporting in an attempt to unjustly subject an employee to undeserved discipline or slander, or place his/her employment in jeopardy, can result in action taken against you.

Signature of complainant

Date