

Yellowstone County Sheriff's Office Complaint/Corrective Action Form

Date, Time Reported -		Received by (Employee Name, ID#) , ID #:			
How Received <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> Other _____		Internal Affairs Complaint Number		Related Case Numbers:	
Date, Time Occurred -		Location of Occurrence			
Reporting Party's Name			Sex	Date of Birth	
Reporting Party's Home Address			City	State	Zip
Reporting Party's Business Address			City	State	Zip
Employees Named					
ID#	Full Name	Rank/Position	Location/Assignment	Night/Day shift	
Witness (Codes: AV = Alleging Misconduct as Victim; NV = Alleging Misconduct as Non-Victim; W = Witness)					
Code	Full Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Address	Phone
Narrative ----- ----- ----- ----- -----					
Action Taken (If Handled by Employee) or Interviewers Remarks ----- ----- -----					
Action: Oral warning/reprimand, written warning/reprimand, suspension				Signature of employee(s)	
Signature of Employee taking Complaint		ID#	Date	Signature of Sergeant	
Signature of Lieutenant		ID #	Date	Signature of Captain	
Signature of Undersheriff		ID #	Date	Signature of Reporting Party	
				Date	