WELLFORD POLICE DEPARTMENT
CITIZEN ALLEGATION OF OFFICER MISCONDUCT

Complainant Information:

Name: _____ Date of Statement: _____

Address: _____

City/State/Zip; _____

Phone Number(s): (Home): _____ (Cell):_____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of Witness: _____

Address: _____ (Phone)_____

Witness: _____

Address: _____ (Phone)_____

Name of Officer(s) involved: _____

Summary of Incident (Use additional pages if needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: Initial any corrections you have made or crossed out.

I MAKE THIS STATEMENT OF MY OWN FREE WILL AND ACCORD, WITHOUT REWARD OR INTIMIDATION. ALL OF THE ABOVE IS THE TRUTH.

_____

(Signature) Date

Witness: _____

Employee Receiving Form: Date Received:

Please return to: **Chief David Green**
P.O. Box 99
Wellford SC 29385