



**Shawnee County  
Sheriff's Office  
Sheriff Herman T. Jones  
Law Enforcement Center**

320 South Kansas Ave., Suite 200  
Topeka, KS 66603-3641  
785-368-2200

## **Citizen Complaint Form**

Dear Citizen:

This form is being sent to you in order to initiate the formal administrative complaint process. We appreciate your effort to bring this complaint to our attention. Please fill out the report below, being as clear and specific as possible. We cannot assure complete confidentiality since this report will be used as the basis of our investigation, but all information will be treated in a professional manner.

Thank you for your cooperation.

*Herman T. Jones*

Herman T. Jones, Sheriff  
Shawnee County, Kansas

### **Your Name**

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(last)                      (first)                      (middle)

### **Your Address**

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(street #)                      (city)                      (state)                      (zip code)

### **Your Telephone Numbers**                      (include area code)

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(home)

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(work)

**Location of Incident**

\_\_\_\_\_

(place)

(date)

(time)

**Name of Officer** (if known)

\_\_\_\_\_

(last)

(first)

(badge number or other description)

**Describe Your Complaint** (type or print)

\_\_\_\_\_  
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I hereby certify that the statements given by me herein are true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**