

ANDERSON POLICE DEPARTMENT INTERNAL AFFAIRS COMPLAINT FORM

I, _____ do hereby affirm that I wish to file a complaint against an employee of the Anderson Police Department. I further affirm that the information provided by me is true and complete to the best of my knowledge. I have been advised that any false, misleading or untrue statement (s), accusation (s), or allegation (s), made by me may subject me to CRIMINAL and/or CIVIL prosecution under Section 16-9-30 of the South Carolina Code of Laws, which prohibits any "False Swearing before persons authorized to administer oaths". I further understand that in the course of an investigation of my complaint, I may be required to meet with a member (s) of the Anderson Police Department to discuss this complaint further, or submit to a polygraph examination.

**I HAVE (READ /HAD READ TO ME) THE ABOVE ADVISEMENT AND I
UNDERSTAND ITS CONTENTS**

Complainant's Name _____

DOB _____ RACE _____ SEX _____

ADDRESS _____

OFFICER'S NAME	DIVISION	RACE	SEX
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Name of Officer taking complaint _____

Signature of Complainant _____

Date of Complaint _____ Time _____

Notary Signature _____

Sworn to me on this _____ Day of _____, 200__

Commission Expires on _____