



City of Anderson Police Department

Internal Affairs Complaint Form

I, _____ do hereby affirm that I wish to file a formal complaint against an employee of the City of 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 City of 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: _____

Complainant's Address: _____

Phone #: _____ Cell #: _____ Other #: _____

Officer's Name: _____ CRT#: _____ Division: _____

Name of Officer taking Complaint: _____ CRT#: _____

Incident: _____

Signature of Complainant: _____

Date of Complaint: _____ Time: _____

Notary Signature: _____

Sworn to me on this _____ Day of _____, 20_____.

My Commission Expires on _____