

## OFFICE OF SHERIFF IRON COUNTY, MISSOURI

## **COMPLAINT FORM**

	the Iron County Sheriff's orm and return it to the I			, please complete the Complaint fice.
Complaintant Information (person making the complaint)				
				/ /
Last Name	First Name	Middle	Name	Date of Birth
	Signature of	Complaintant		
Address				
Street	City	State		Zip
Contact Number				
( ) -	( ) -		( )	-
Home:	Business	, ,		Cell:
Witness Name (If any)				
Last Name	First Name	Middle	Name	Phone Number
Witness Name (If any)				
				<u>.</u>
Last Name	First Name	Middle	Name	Phone Number
	Nature of Comp	aint and de	etails:	
	Officer (s) or	Employee (s)		
Name if known		Badge Number if known		
Date of Incident: / / 20 Details of In				
Date of incident.	7 20 Details of in	ciueiit.		

ICS Form 461 revised January 2014