



Complaint Against Deputy / Employee

If you feel that a Lincoln County Deputy or Sheriff's Department Employee has acted improperly, you may file a written formal complaint against the Deputy or Employee on the attached form.

All Complaints are investigated.

**** CAUTION:** If our investigation reveals that the complaint was made maliciously, in bad faith, with knowledge that the accusation was false or that the complaint is filed solely as nuisance without grounds or proper validity, then steps shall be initiated by this Department or by the Deputy or Employee with the support of this Department to seek prosecution and/or civil action against the complaining party.

If our investigation reveals the Deputy or Employee to be guilty, disciplinary action shall be taken by this Department.

Witnesses, the Complaining Party, the Deputy, the Employee, and any other persons involved in the actions that resulted in the filing of a written complaint may be required to submit to a polygraph examination (Lie Detector Test) before any investigation is initiated or before any disciplinary action is taken.

**** This is a Police Report. Sections 575.050, 575.060, 575.080 RSMo. Deem it a misdemeanor to file a false Police Report.**

Having read the above information, I hereby wish to make such formal written complaint against a Lincoln County Deputy Sheriff or Employee. I further agree to voluntarily submit to a polygraph examination by this Department if it is deemed necessary.

Your Name: _____
(Print Name)

Signature: _____

Witness: _____

Date: _____

Lincoln County, Missouri

OFFICE OF THE SHERIFF



Rick Harrell

SHERIFF

"Publicus. Pro populus. Per populus."

636-528-8546

Lined area for notes or additional information.

Can you positively identify the employee? Yes No

If not, can any of your witnesses positively identify him/her? Yes No

If so, indicate which ones in the spaces below. List below the correct name, address, and telephone number of each of your witnesses:

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

State what the witness can testify to (Only what the witness personally saw or heard).

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2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

State what the witness can testify to (Only what the witness personally saw or heard).

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

State what the witness can testify to (Only what the witness personally saw or heard).

4. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

State what the witness can testify to (Only what the witness personally saw or heard).

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OFFICE USE ONLY

Investigation Chain

Employee Supervisor: _____
(Print Name) (Signature)

Bureau Commander: _____
(Print Name) (Signature)

Sheriff: _____
(Print Name) (Signature)

Personnel: _____
(Print Name) (Signature)