



**PREBLE COUNTY SHERIFF'S OFFICE  
EMPLOYEE COMPLAINT FORM**

Complainant, being duly sworn, states that:

*(Employee's Name)*

at \_\_\_\_\_ Preble County Ohio, on or about  
*(Location of Incident)*

\_\_\_\_\_, 20\_\_\_\_, did \_\_\_\_\_  
*(State Facts of Incident)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Supervisor taking complaint*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Location Complaint Received*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date and Time Complaint Received*

Sworn to and subscribed before me by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.  
*Complainant*

\_\_\_\_\_  
*Notary Public* Preble County, Ohio. My commission expires

\_\_\_\_\_, \_\_\_\_\_.  
*Month/Day Year*

