

CUMBERLAND COUNTY SHERIFF'S OFFICE

36 County Way
Portland, Maine 04102
207. 774.1444 ext. 2115
www.cumberlandso.org

SHERIFF / CITIZEN COMPLAINT FORM

<i>Employee's Name:</i>	Control Number:
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<i>Complainant's Name:</i>	Home Address:	Home Telephone:
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Witnesses / Other Complainants:	Home Address:	Home Telephone:
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Date / Time of Incident:	Location of Incident:
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Details of the Complaint:

AFFIRMATION

I, _____, do hereby affirm that the foregoing information provided by me is true and correct to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations made by me, either orally or in writing to any person (s) investigating this complaint may subject me to civil and/or criminal prosecution.

I realize that it may become necessary during the investigation of this complaint for me to meet with representatives of the Cumberland County Sheriff's Office to discuss this complaint, either in the presence or absence of the accused department member (s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative proceeding as a result of my complaint, my testimony before these hearings may be required. I agree to make myself available as a witness before either of the aforesaid bodies, upon request by the Sheriff or his/her designee.

Signed, _____ this _____ day of _____ 20_____

in the Town/City of _____, State of Maine.

Witness, _____ Witness, _____

TO BE COMPLETED BY THE Agency MEMBER RECEIVING COMPLAINT

Accepting Agency Member:	Date Received:	Forwarded To:	Date:
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TO BE COMPLETED BY THE Investigator

Date Investigation Initiated:	Date Investigation Terminated:	Date of Final Report:
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INVESTIGATOR'S FINAL DETERMINATION (Check One)

- Exonerated Unfounded Not Sustained Sustained

Investigator's Signature:	Date and Time:
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TO BE COMPLETED BY THE Chief Deputy

Date of Review's Final Recommendation:	Signature:
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TO BE COMPLETED BY THE Sheriff

Sheriff's Final Determination: (Please Check One)

- Exonerated Unfounded Not Sustained Sustained

Date of Review's Final Recommendation:	Signature:
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Final Disposition: (Please Check One)

- No Action Taken Suspension Days
 Oral Reprimand Reduction Pay
 Transfer Dismissal Rank

Comments: _____

Complainant Notified of the Disposition by: _____

Date & Time: _____

Member(s) Notified of the Disposition by: _____

Date & Time: _____

Signature: _____ Date Filed in Personnel File: _____

COMPLAINT RECEIPT

The Cumberland County Sheriff's Office hereby acknowledges the receipt of a complaint filed

against one of its members on _____ by _____

(Date)

(Agency Member's Name)

of _____,

(Street and Number)

(City, State, and Zip Code)

Your complaint will be brought to the attention of the Sheriff. He/she will assign an investigator to gather all of the facts. Once the investigator has filed his/her report, it will be carefully reviewed by the administrative Captain(s), Chief Deputy and the Sheriff, and a final disposition will be made. A representative of the Sheriff's Office will notify you as to the final disposition of your complaint, usually within thirty (30) days from the date shown below.

_____ 20 _____

(Date)

(Signature of Agency Representative)