

VALLEY COUNTY SHERIFF'S OFFICE

VICTIM / COMPLAINT STATEMENT FORM

Thomas Boyer
Sheriff / Coroner

501 Court Square #10
Glasgow, MT 59230
vcsheriff@valleycountymt.gov



Telephone:
(406) 228-4333
Fax:
(406) 228-4601

Citizen Personnel Complaint Form

1. Complainant Information

(Please provide your contact details)

- **Full Name:** _____
- **Address:** _____
- **City, State, Zip Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. Incident Information

(Please provide details of the incident)

- **Date of Incident:** _____
- **Time of Incident:** _____
- **Location of Incident:** _____
- **Name(s) of Officer(s) or Personnel Involved (if known):**

3. Description of the Incident

(Describe the nature of the complaint or incident. Include specific actions, words, and behavior.)



(Please attach additional pages if needed)

4. Witness Information (if applicable)

(List any witnesses to the incident who may provide additional details)

- **Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

5. Desired Outcome

(What action would you like to see taken regarding your complaint?)

6. Supporting Evidence

(Please provide any evidence you have regarding the incident. This may include photos, videos, documents, etc.)

- **Type of Evidence:** _____
 - **Description of Evidence:** _____
-

Instructions for Filing Your Complaint:

- Fill out the form completely and accurately.
 - You may submit the form in person, via mail, or electronically.
 - You may keep a copy of the completed form for your records.
-

Signature

Date

