



Tommy Ford
Sheriff

Bay County Sheriff's Office



Professional Standards Unit

Report of Complaint

Complainant / Witness Name: _____ DOB: _____

Home Address: _____

Work Address: _____

Home Telephone: _____ Cell: _____ Work: _____

Employee Name: _____ ID# _____

Place of Incident: _____

Date of Incident: _____ Time of Incident: _____

(If complaint is against multiple employees please add additional names to Synopsis)

Synopsis of Incident:

PLEASE ADD ADDITIONAL PAGES AS NEEDED

Sign and Date _____