



# Spartanburg Public Safety Department

## Complaint Form

Complainant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_  
Number and street City State Zip Code

Complaint Date: \_\_\_\_\_ Complaint Time: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Complaint Against: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Large empty rectangular box for providing details of the complaint.

I certify that all statements made by me on this complaint are true and correct. I understand that knowingly making a false complaint is a violation of South Carolina Code and is punishable by a fine not to exceed two hundred dollars (\$200.00) or by a term of imprisonment not to exceed thirty (30) days. I have read and understand this statement.

Complainant's Name Printed \_\_\_\_\_

Complainant's Signature \_\_\_\_\_