Complaint Form

Complainant's Full Name: _____ Date of Birth: _____

Complainant's Full Address: _____
Number and Street City State Zip

Complainant's Home Phone: _____ Cell Phone: _____

Complaint Date: _____ Complaint Time: _____

Date & Time of Incident: _____

Location of Incident: _____

Complaint Against: _____

Nature of Complaint:

_____

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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 and 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.

WITNESS: _____ _____
COMPLAINANT'S SIGNATURE

WITNESS: _____

SPARTANBURG POLICE DEPARTMENT

COMPLAINT PAGE

Name: _____ PAGE #_____

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WITNESS: _____ **_____**

COMPLAINANT'S SIGNATURE

WITNESS: _____