
WASHINGTON COUNTY SHERIFF'S OFFICE
COMPLAINT/REVIEW FORM

Submitted for: Complaint Review

Incident Number: _____ Case Number: _____

Incident Date: _____ Complaint Date: _____

Defendant Information

Defendant Name: _____ D.O.B: _____
(Last, First, Middle Initial)

Defendant Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Allegation Information

Offense: _____ U.C.A. Section: _____

Class or Degree: _____ Complainant: _____
(Last, First, Middle Initial)

Report Attached: Yes No

Complaint Narrative:

Complainant Signature: _____ Date: _____

Approved Denied Reason: _____