



**CALCASIEU PARISH SHERIFF'S OFFICE**

**INTERNAL AFFAIRS**  
5400 East Broad Street  
Lake Charles, Louisiana 70615  
(337) 491-3619

**CITIZEN'S COMPLAINT FORM**

**COMPLAINANT**

Name:	Date of Birth:
Address:	Telephone:
Employment:	Occupation:
Business Address:	Business Phone:
Social Security No.:	Attorney:

**COMPLAINT**

Type of Incident:	
Date/Time of Occurrence:	AM / PM   Location:
Were you issued a citation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list offense:
Were you arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list charge(s):

**COMPLAINT AGAINST**

Deputy (1):	Deputy (2):
If Deputy(s) name is unknown, describe below:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:
Height:	Hair:
Facial Hair:	Uniform or Plain Clothes:
Sheriff's Office Unit: <input type="checkbox"/> Marked <input type="checkbox"/> Unmarked	Unit No.:
Describe if unmarked:	
Weapons used (if any):	

**INJURIES**

Were you injured by the Deputy(s), against whom you are filing this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you seek medical attention for those injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where and when were you treated?
Name, address, and telephone number of your doctor:
Will you sign a release form allowing the Calcasieu Parish Sheriff's Office to obtain your medical records regarding those injuries or will you furnish the Calcasieu Parish Sheriff's Office with copies of the same? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, place your initials here:
Describe your injuries including your doctor's diagnosis, if any:

**WITNESS TO THE INCIDENT**

(1) Name:	Relationship:
Address:	
Telephone#: Home	Work: Pager/Cell:
(2) Name:	Relationship:
Address:	
Telephone#: Home	Work: Pager/Cell:
(3) Name:	Relationship:
Address:	
Telephone#: Home	Work: Pager/Cell:



**Internal Affairs Division**  
*Citizen's Complaint Form*

**NARRATIVE OF COMPLAINT**

Please include all information regarding your complaint in as much detail as possible. If more space is needed, please attach additional pages. (Do not write on the back of this form).

This complaint form must be completed, signed and dated within **ten (10) days** from receipt. All complaints must be filed within **thirty (30) days** of the incident. Failure to comply within the specified time limits shall result in the closure of this complaint and investigation.

I HAVE BEEN INFORMED OF LOUISIANA REVISED STATUTE 14:133.5 FILING A FALSE COMPLAINT AGAINST A LAW ENFORCEMENT OFFICER (A) FILING A FALSE COMPLAINT AGAINST A LAW ENFORCEMENT OFFICER IS KNOWINGLY FILING, BY AFFIDAVIT UNDER OATH, A FALSE STATEMENT OR FALSE REPRESENTATION WITH A LAW ENFORCEMENT AGENCY REGARDING THE CONDUCT, JOB PERFORMANCE, OR BEHAVIOR OF A LAW ENFORCEMENT OFFICER FOR THE PURPOSE OF INITIATING AN ADMINISTRATIVE INVESTIGATION AGAINST THAT LAW ENFORCEMENT OFFICER. (C) WHOEVER COMMITS THE CRIME OF FILING FALSE STATEMENTS AGAINST LAW ENFORCEMENT OFFICERS SHALL BE FINED NOT MORE THAN FIVE HUNDRED DOLLARS OR IMPRISONED NOT MORE THAN SIX MONTHS, OR BOTH.

**As a condition of Louisiana Revised Statute 14:133.5 this complaint form must be notarized by a notary public.**

I affirm that the information contained within this report is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FOR USE BY SHERIFF ONLY**  
**Complaint Routing**

Level: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned to:

Division Commander: \_\_\_\_\_

By: \_\_\_\_\_

Internal Affairs: \_\_\_\_\_

By: \_\_\_\_\_

Other: \_\_\_\_\_

By: \_\_\_\_\_