



Sheriff Robert L. Holland
Macon County Sheriff's Office
1820 Lakeside Drive
Franklin, North Carolina

Allegation of Member Misconduct

This form must be completed in its entirety

Date: ___ / ___ / ___

CITIZEN INFORMATION:

Name: _____ DOB: ___ / ___ / ___ Sex: ___
Address: _____ City: _____ State: ___
Business Address: _____ City: _____ State: ___
Home Phone: () _____ Business Phone: () _____

STATEMENT OF COMPLAINT:

Date of Incident: ___ / ___ / ___ Time of Incident: ____:____ a.m. / p.m.
Location of Incident: _____
Nature of Complaint: _____
Involved members of Sheriff's Office: 1. _____ I.D. # _____
2. _____ I.D. # _____
3. _____ I.D. # _____

Statement of Complaint: _____

Statement of Complaint Continued: (add additional numbered pages if needed)

Complainant's Initials _____

Complainant is required to read the following and initial each section

Upon receipt of your complaint, the following will occur:

1. After your complaint has been received by the Sheriff, you will receive notification in writing or verbally that he has received the complaint. **Complainant Initials** _____
2. An internal investigation will be conducted and if there is any finding of possible criminal activity revealed, then the Sheriff will contact the State Bureau of Investigations and request that they conduct an investigation into the allegations. **Complainant Initials** _____
3. It shall be noted that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duties may be guilty of a criminal offense under North Carolina law. **Complainant Initials** _____

By my signature, I hereby swear or affirm that the statement made by me which begins on page 1 and ends on page _____, is true and correct.

Complainant Initials _____

Complainant's Signature: _____

Witness's Signature: _____

Sheriff's Signature: _____

Date received by Sheriff: ____ / ____ / ____

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