



CITIZEN COMPLAINT PROCESS

It is the policy of the Clinton County Sheriff's Office that allegations of employee misconduct or criticism of its services, initiated by a citizen or a member of the Office, be thoroughly investigated and promptly adjudicated. Members of the Office and the public they serve should expect no more, and the Office offers no less.

Complaints are received in a number of different manners. They may be writing, by telephone, or verbally in person. Complaints made in person are reduced to writing and signed by the complainant. Complaints made by telephone are also reduced to writing, and the complainant advised that the complaint must be signed before an investigation will be conducted except under certain circumstances. Third party complains and complaints that have not been formalized (signed) are not investigated except in rare instances. This decision is made by the Sheriff, based on the seriousness of the allegation. Anonymous complaints are only investigated at the specific direction of the Sheriff.

Any employee having knowledge of a complaint shall refer the complaining party to a Supervisor as soon as possible. Should a supervisor not be available, the officer with knowledge of a complaint shall provide the complainant with a *Citizen Complaint Form* and instruct them to return it the next business day to the Sheriff. A Record of Complaint form and a written statement by the complainant will be completed on all complaints, and forwarded immediately in a sealed envelope directly to either the Sheriff or Chief Deputy.

Upon receipt of a complaint, the complainant, the officer, the concerned employee's supervisor, and the Sheriff are notified in writing that the complaint has been received. The only exception to this notification is when the allegation is deemed CONFIDENTIAL by the Sheriff or Chief Deputy and such notification would compromise the investigation.

All complaints are reviewed to ensure that the various allegations have been properly and adequately addressed, and that the investigation was fair and equitable. A letter summarizing the investigation and stating the results is prepared by the Sheriff or his designee. The completed investigation is referred to the Sheriff for final review. The Sheriff ensures the integrity of the Office through intensive and impartial review of each investigation. Upon final review of the completed investigation, letters of final classification are sent to the complainant, the officer involved, and the supervisor of the concerned employee.

Personnel assigned to the investigation utilizes recognized and accepted investigative, interview, and interrogation techniques. They conduct a completely impartial and professional investigation to create and maintain an image of fairness and objectivity with the complainant, accused officer, and all persons involved whether they be protagonist or antagonist.

INSTRUCTIONS FOR MAKING A COMPLAINT

Clinton County Sheriff's Office

1. Please complete the attached Citizen Complaint form in detail and provide as much information as you can; however, anything that you do not know please leave blank. The area of the form for you narrative description of the events should be as detailed as possible.
2. All allegations must be in writing and signed by the complainant, as unsigned complaints are normally not investigated.
3. Your written statement will need to be detailed and specific, especially when dealing with the allegations of Verbal Abuse, Harassment, or Conduct and Behavior (Rude, what was said, etc.)
4. Normally the concerned employee(s) will be given a copy of the complainant(s) statement in order to answer the allegations(s).
5. You may be asked to take a polygraph examination in the course of the investigation.
6. You will receive a letter of receipt of your complaint, and it will contain a control number and the purpose of the control number.
7. The investigation may be conducted by the Sheriff, the person designated by the Sheriff or the supervisor of the concerned employee(s), depending on the seriousness of the allegation(s).
8. Complaints which allege physical injury, or where there is a possibility that the complainant may seek medical treatment due to alleged injury inflicted on them by an officer will require a medical release form to be signed by the complainant to provide evidence for a thorough investigation.
9. You will receive a letter advising you of the results of the investigation. If the complaint is sustained, you will not be advised what disciplinary action was taken, but rather just that it was sustained.
10. When you complete the Citizen Complaint Form, please either have it notarized or deliver it in person to a supervisor so that they can witness your signature.
11. Your written and signed complaint can be returned to the Sheriff's Office by either:
 - a. Placed in a sealed envelope and given in-person to the Sheriff or Chief Deputy
 - b. Mailed to
Clinton County Sheriff's Office
Attn: Sheriff or Chief Deputy
241 7th Avenue North
Clinton, IA 52732
 - c. Scanned and emailed to ccso@gapa911.us

We will investigate your complaint in the most efficient and expeditious way possible with the utmost integrity. Please do not hesitate to contact the Sheriff at 563-242-9211 should you have any questions or concerns.

COMPLAINT PROCESS

Statement Date: _____ Statement Time: _____

My name is _____ I am _____ years of age and my
date of birth is _____. I live at _____
in the City of _____, State of _____, Zip Code _____.

In order to conduct a complete and thorough investigation of your complaint, we need you to answer the following questions with as much detail as possible.

Date of Incident: _____ Incident Time: _____ AM / PM

Location of Incident (address or street and hundred block): _____

Number of Clinton County Sheriff's Office staff involved: _____

List name(s), vehicles or license plate number, and/ or provide any physical description of officer(s).

1. _____
2. _____
3. _____
4. _____

Number of Witnesses: _____ (Please provide the witnesses name, phone number and address)

1. _____

2. _____

3. _____

4. _____

Your name: _____

5. Did you sustain any injuries? _____ If yes, please list type of injuries and how they occurred:

6. Did you receive medical treatment? _____ If yes, please provide Name, address and phone number of any doctors or hospitals that provided treatment. Additionally, we will need you to complete a Release of Medical Information for our agency.

7. Were you arrested? _____ Were you issued a citation? _____ If yes to either question, please describe the circumstance and list the citation number if applicable.

8. Please use the following space to describe the incident in detail including where you were, what you were doing, and how you came into contact with the officer(s) your complaint is against. Please be specific in describing your actions and what you said as well as the employee's actions and what he/she said. Be specific as to what your complaint is:

9. This statement is a true and accurate account of what occurred and I understand that I could face criminal charges for knowingly making a false report. I understand that I will be informed of the results of this investigation. Check the option that applies:

I am willing to testify in any internal and/ or criminal hearing on this matter willing to testify in any internal and/ or criminal hearing on this matter.

I am not willing to testify in any internal and/ or criminal hearing on this matter willing to testify in any internal and/ or criminal hearing on this matter.

Complainant Signature _____ Date _____

State of _____ County of _____ This record was signed before me on _____

Notary Signature _____

Internal Use Only

Date Received _____ Control # _____

How form was received and By Whom _____