

ST. CHARLES PARISH SHERIFF'S OFFICE

INTERNAL AFFAIRS DIVISION

COMPLAINT INFORMATION FORM

IAD Number	Related#	Complainant Print (Last, First, Middle)	Complainant's Signature	
Nature of Complaint		Complainant's Physical Address	Phone (C) _____ (B) _____ (R) _____	
Complainant's Sex-Race-DOB		Complainant's Mailing Address	Email Address	
Location of Incident			Deputy(S) (Last, First, Middle)	
Reporting Person (Last, First, Middle) Sex-Race-DOB			Phone (C) _____ (B) _____ (R) _____	
Reporting Person's Address			Email Address	
Date/Time Occurred	Date/Time Reported	Received By: (Signature)		
Witness Name (Sex-Race-DOB)	Address	Phone (C) _____ (B) _____ (R) _____	Email Address	
		Phone (C) _____ (B) _____ (R) _____		
		Phone (C) _____ (B) _____ (R) _____		
Brief Statement of facts:				

**ST. CHARLES PARISH SHERIFF'S OFFICE
INTERNAL AFFAIRS DIVISION
COMPLAINT INFORMATION FORM**

(Continued)

Complainant:

I.A.D.#:

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(Continued)

Complainant:

I.A.D.#:

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(Continued)

Complainant:

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