

**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) _____
				Phone (C) _____ (B) _____ (R) _____
				Phone (C) _____ (B) _____ (R) _____
Brief Statement of facts:				

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(Continued)

Complainant:

I.A.D. #:

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(Continued)

Complainant:

I.A.D. #:

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(Continued)

Complainant:

I.A.D. #: