

**PINAL COUNTY**



**SHERIFF'S OFFICE**

**PAUL BABEU**  
*Sheriff*

## Personnel Complaint Form

**971 N. Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85232**  
**Main (520) 866-6800 \* Fax (520) 866-5195 \* TDD (520) 868-6810**

Name of Complainant (please print)                      Date of Birth                      Social Security #

Address                      City                      State                      Home Phone #

Date & Time of Incident                      Address where incident occurred

Name of Person(s) you are complaining about, if known: (Include Badge number if known.)

Have you reported this to anyone previously? yes no      Date      If so, Whom:

Names of any witnesses to incident: (Include phone numbers and contact information if known.)

**In accordance with Arizona law, in all instances where a person knowingly files a false report, (ARS: 13-2901.01) it is the policy of the Pinal County Sheriff's Office to pursue criminal prosecution. In addition to any criminal penalties provided, the employee involved may file a civil lawsuit for damages attributed to such false report.**

Signature of Complainant:

Date:

Time:

Please print facts pertaining to the complaint. Please sign and initial the bottom of each page as required. You may add as many sheets of paper that you need. Return this form completed to any Sheriff's sub-station or you may mail it to, Pinal County Sheriff's Office, P.O. Box 867, Florence, Arizona 85232. Attention: Internal Affairs Unit.

*PCSO IA FORM #100*



