

**PINAL COUNTY**



**SHERIFF'S OFFICE**

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**MARK LAMB**  
*Sheriff*

## **Personnel Complaint Form**

**971 N. Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85232**  
**Main (520) 866-5111 \* Fax (520) 866-5129 \* TDD (520) 866-5110**  
**Email:pcsopsu@pinalcountyz.gov**

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

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Home Phone # \_\_\_\_\_

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Date & Time of Incident \_\_\_\_\_ Address where incident occurred \_\_\_\_\_

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

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

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

**Pursuant to A.R.S. § 13-2907.01, it is unlawful for a person to knowingly make to a law enforcement agency of this State or a political sub-division of this state a false, fraudulent or unfounded report or statement or to knowingly misrepresent a fact for the purpose of interfering with the orderly operation of a law enforcement agency or misleading a peace officer.**

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*



