

ABBEVILLE COUNTY EMERGENCY MANAGEMENT CITIZEN COMPLAINT FORM

COMPLAINANT NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMERGENCY MANAGEMENT EMPLOYEES INVOLVED:

DETAILS OF COMPLAINT:

Please take a moment to complete the following information, which will be needed in reviewing the facts surrounding your complaint. Please include as much detail as possible. PLEASE PRINT EXCEPT FOR SIGNATURE:

You have the right to make a complaint against any employee for improper conduct. The Abbeville County Emergency Management will conduct a thorough investigation and you will be notified of the outcome of the investigation. If allegations against the employee(s) are sustained, the Abbeville County Emergency Management can not release to you any type of disciplinary action taken. The investigation may also conclude that the employee(s) acted properly or that there is not enough information to prove or disprove the allegations.

I understand that this statement of complaint will be submitted to the Abbeville County Emergency Management Deputy Director, and will serve as a basis for an internal investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any investigation and agree to appear at any civil or criminal proceeding, if necessary. I also understand that any intentional false statement herein attested to by me, may be cause for criminal and/or civil proceeding against me.

Date: _____

Parent or Guardian if under 18 years of age: _____

Subscribed and sworn before me this _____ day of _____ 20_____

Please return form to:
Abbeville County Emergency Management
Deputy Director
P.O. Box 1010
Abbeville, SC 29620

Signed: _____