



Spartanburg Public Safety Department

Complaint Form

Complainant's Full Name: _____ Date of Birth: _____

Complainant's Address: _____
Number and street City State Zip Code

Complaint Date: _____ Complaint Time: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date & Time of Incident: _____ Location of Incident: _____

Complaint Against: _____

Nature of Complaint:

I certify that all statements made by me on this complaint are true and correct. I understand that knowingly making a false complaint is a violation of South Carolina Code and is punishable by a fine not to exceed two hundred dollars (\$200.00) or by a term of imprisonment not to exceed thirty (30) days. I have read and understand this statement.

Complainant's Name Printed

Complainant's Signature