## **Musselshell County Sheriff's Office Employee Involved Complaint Form**

Name:		
Address:		
City/State:	Zip Code:	
Phone: ( )	Date of Incident:	
Date of Statement:	Time:	
Person(s) and Officers Involved:		
Witnesses with Contact Information:		
	Phone:	
	Phone:	
Location of Occurrence:		
<b>Description of Incident:</b>		

	and information listed above is a true and accurate d/or incident. I acknowledge that filing a false report iminal charges under MCA 45-7-205.
Location signed:	
Signature:	Date:
Witness Signature:	Date: