

WISE COUNTY SHERIFF'S OFFICE

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E. GRANT KILGORE, SHERIFF
Wise County & City of Norton
In God We Trust

COMPLAINT FORM

COMPLAINANT

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

Witness: _____ Phone: _____

COMPLAINT

Date of incident: _____ Time of incident: _____

Location of incident: _____

Name or description of person(s) against whom complaint is lodged:

1. _____ 2. _____

3. _____ 4. _____

Nature of Complaint: _____

(If further space is needed use reverse side of this sheet)

