



**HEARD COUNTY SHERIFF'S OFFICE**  
**11820 GA HIGHWAY 100**  
**P.O. BOX 339**  
**FRANKLIN, GEORGIA 30217**  
**PH (706)675-3329 / FAX (706)675-0737**  
***SHERIFF ROSS HENRY***

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## **CITIZEN COMPLAINT PROCEDURES**

The Heard County Sheriff's Office is dedicated to providing exceptional service to its citizens, through a problem-solving approach and emphasizing a commitment to excellence through teamwork. Deputy Sheriffs are carefully selected, held to the highest standards, and provided with the best training available. The purpose of an internal investigation is the diligent pursuit of the truth. We are committed to that objective, recognizing that our agency's credibility depends upon the community's belief that we can police ourselves. With that in mind, we provide the following information regarding how to file a complaint, how a complaint is investigated, how it is disposed of and polygraphs.

### **I. HOW TO FILE COMPLAINTS**

- A. Contact the Chief Deputy or Patrol Division Sergeant of the Sheriff's Office.
- B. You will be provided with a Sheriff's Office Citizen Complaint form.
- C. If you cannot pick up one in person, request that the form be mailed to you.
- D. You will be notified by the Chief Deputy or designated supervisor on the progress of your complaint.
- E. You may be required to submit additional information.
- F. Once concluded you will be notified, by mail, of the disposition of your complaint.
- G. Minor complaints of misconduct must be filed within 30 days of occurrence.

### **II. WHAT HAPPENS WHEN A COMPLAINT IS SUBSTANTIATED** - When the investigation of a complaint reveals the charges are true and should be sustained, against the Deputy Sheriff, the department may take one of the following actions, depending on the nature of the violation:

- A. Oral warning
- B. Structured counseling
- C. Written warning
- D. Suspension
- E. Termination

### **III. WHAT HAPPENS IF THE COMPLAINT IS NOT SUBSTANTIATED** - If there is not sufficient evidence to support the allegation, the investigation is closed, and no further action is taken.

### **IV. POLYGRAPHS** - During the course of the investigation, you (as the complainant), may be requested to take a polygraph examination, as well as any Deputy Sheriff(s) involved, in an incident under investigation.

## FALSE COMPLAINTS

In the event of persons making false complaints, against a Sheriff's Office employee, this agency will take action. Citizens should be aware that this is a violation of the Georgia Criminal Code '16-10-71. The section below provides and offense of false swearing:

### **Offense of False Swearing O.C.G.A '16-10-71**

(a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.(b) A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

The Heard County Sheriff's Office is vitally interested in the welfare of all citizens. Also, this department takes action when its employees have proven derelict in their duties or guilty of wrongdoing. If it becomes necessary for you to make a complaint, you can be assured that the Heard County Sheriff's Office will prepare a fair and thorough investigation.

**BY THE SAME TOKEN, IF YOU OBSERVE A DEPUTY SHERIFF OR EMPLOYEE OF THE HEARD COUNTY SHERIFF'S OFFICE, CONDUCTING OUTSTANDING WORK, WE ENCOURAGE YOU TO COMPLIMENT THE EMPLOYEE OR NOTIFY A SUPERVISOR OF THE SHERIFF'S OFFICE.**

**THE HEARD COUNTY SHERIFF'S OFFICE IS COMPRISED OF  
PROFESSIONALS DEDICATED TO SERVING YOU**

# CITIZEN/INTERNAL COMPLAINT AND INQUIRY FORM

Date and Time of Occurrence: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Briefly state what occurred: \_\_\_\_\_

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If more space is needed, please use the supplemental page.

What do you think the officer/employee did wrong?

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What do you think should happen to the deputy/employee? \_\_\_\_\_

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I SWEAR under the penalty of perjury, that the information contained herein is true and correct to the best of my personal knowledge. By signing below, I understand that any false statements given may result in charges with the offense of false swearing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\*\*\* HEARD COUNTY SHERIFF'S OFFICE USE ONLY\*\*\*\*\***

**Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Complaint #** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

**Comments** \_\_\_\_\_

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