

435.654.1098

WASATCH COUNTY SHERIFF

Jared W. Rigby, Sheriff

Citizen Complaint Form

(OFFICE USE ONLY)				
Case Number	Received By	Reviewed By		
Your Name:		Date of Birth:		
Home Address:		City & State: Zip:		
Phone Numbers: Home	Work:	Mobile:		
Date of Occurrence:				
Summary of Complaint/Allegat	ons:			
Witness Name (if applicable):		Phone:		
Address:		City & State:	Zip:	
be presented to a magistrate o	r judge in lieu of your sworn test	you are notified that statements y imony at a preliminary examination criminal punishment as a Class A	on. Any false statement you	
Complainant's Signature:		Date:	Time:	
*Witness's Signature:		Date:	Time:	
Individual witnessing the Complainant's	Signature	Form: Citizen Complaint Hand	- Version 1.1 - Date: December 15, 2020	



