

Charles R. Guillory

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Fax: 337-363-7390



CITIZEN'S COMPLAINT FORM

COMPLAINT NUN	ИBER:		
under oath, a false s performance, or beh against that law enf	tatement or false repre avior of a law enforcer orcement officer. Per c	esentation with a law enforcemonent officer for the purpose of insurrent EPSO policy, complaints i	officer is knowingly filing, by affidavit ent agency regarding the conduct, job nitiating an administrative action must generally be made within 60 use this form to provide information
Name		Commission	Milhooo
Race: Sex:	Date of Birth:	Complainant Driver'	s License/ID
Contact Number/Hor	me or Cell Phone:		
		Time:	
	cts in chronological ord	-	the date and location of the incident y (Name and Badge number is known).

(additional pages can be attached if needed. Please sign and date	e each additional page.)
	Signature of Complainant/Witnes
	Date
	eturn to the Evangeline Parish Sheriff's Office.
E-Mail: evangelineso@evangelineparishsheriff.org Fax: 337-363-7435 Mail: Evangeline Parish Sheriff's Office Capt. Monica Reed Communications Supervisor	etuin to the Evangenne Parish Sherin's Office.
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