

HORRY COUNTY SHERIFF'S OFFICE

J. Reuben Long Detention Center

Office of Professional Standards

Department: _____

Internal Case No.: _____

Person Making Report (Reports may be made anonymously)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone Number: _____

Nature of Complaint

Describe: _____

In which area of our facility did the incident occur?

My complaint concerns an: ___ Officer ___ Other Employee

Officer/Employee #1 name or description: _____

Officer/Employee #2 name or description: _____

Officer/Employee #3 name or description: _____

Date incident occurred: _____ Time: _____ AM/PM: _____

Did you report the incident to anyone prior to leaving our facility on the date the incident occurred? _____

If yes, to whom: _____

Describe the Incident