

South Carolina Department of Probation, Parole and Pardon Services
Citizen / Personnel Formal Complaint Form



		OPR Case Number:		
Date:	Time:	Name of Employee Completing Form:		
Complainant's Name:			<input type="checkbox"/> CITIZEN <input type="checkbox"/> EMPLOYEE	
Complainant's Mailing Address:			Complainant's Phone No:	
			Alternate Number for Complainant:	
Date/Time Alleged Misconduct Occurred:		Location/Facility where Alleged Misconduct Occurred:		
Date:	Time:			
Specific Nature of Complainant's Allegation:				
Individuals who may have witnessed the alleged misconduct or may possess information relative to the alleged misconduct --- <i>Name(s) & Contact Information:</i>				
<i>This form must be forwarded to Office of Professional Responsibility</i>				
OPR Case Number:		Date Reviewed:		
Name of Manger Reviewing Form:				

Mailing Address:

Director of Office of Professional Responsibility
SCDPPPS
2221 Devine Street
Columbia, SC 29205