

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



OPR Case Number:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name of Supervisor Completing Form: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_  CITIZEN  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 ---  
*Name(s) & Contact Information:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***This form must be forwarded to Office of Professional Responsibility***

***To be completed by OPR***

|                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| <b><i>Source of complaint:</i></b> | <b><i>Event Classification:</i></b> | <b><i>OPR Manager Completing Form/Date</i></b> |
|------------------------------------|-------------------------------------|--|

***OPR Case #***

**Mailing Address:**

**Director of Office of Professional Responsibility**  
**SCDPPPS**  
**293 Greystone Blvd. / Columbia, SC 29210**  
**P.O. Box 207 / Columbia, SC 29202**