

Citizen/Personnel Formal Complaint Form



Date: _____ Time: _____

Individual Completing Form (If not the Complainant): _____

Complainant Information

Complainant's Name: _____ Citizen Employee

Mailing Address: _____

Email: _____ Cell: _____ Work: _____

Alleged Misconduct Occurred

Date: _____ Time: _____

Location/Facility where Alleged Misconduct Occurred: _____

Subject(s) of the Complaint: _____

Specific Nature of Complainant's Allegation:

Citizen/Personnel Formal Complaint Form



Individuals who may have witnessed the alleged misconduct or may possess information relative to the alleged misconduct—*Name(s) & Contact Information:*

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

I agree by checking this box, I hereby certify that every statement I have made in this complaint is true and complete to the best of my knowledge. I understand that any false statement made in connection with this complaint may be subject to the provisions of S.C. Code § 16-17-725.

Signature: _____ Date: _____

» This Form Must Be Forwarded to the Office of Professional Responsibility »

To be completed by OPR

Source of Complaint:

- Web
- Phone
- Walk-in
- Email
- Letter
- Other: _____

Complaint Classification:

- Professionalism
- Job Performance
- Procedural/Process Related

OPR Case # _____

OPR Staff Completing the Form: _____

SCDPPPS-Director of the Office of Professional Responsibility
293 Greystone Blvd., Columbia, SC 29210

OPR@ppp.sc.gov

Mailing Address: P.O. Box 207, Columbia, SC 29202