Citizen/Personnel Formal Complaint Form



Date: 1	Time:			
Individual Completing Form	m (If not the Complainant):			
Complainant Info	ormation			
Complainant's Name:			_ □ Citizen	□ Employee
Mailing Address:				
Email:		Cell:	Work:	
Alleged Miscond	uct Occurred			
Date: 1				
Location/Facility where Al	lleged Misconduct Occurred:			
Subject(s) of the Complai	int:			
Specific Nature	of Complainant's Allegation:			
Specific Nature (or Complainant's Attegation.			

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:
	rement I have made in this complaint is true and complete to the nt made in connection with this complaint may be subject to the
Signature:	Date:
	ne Office of Professional Responsibility >>> pleted by OPR
To be com	pleted by OPR
To be com Source of Complaint:	pleted by OPR Complaint Classification:
To be com Source of Complaint:	pleted by OPR Complaint Classification: Professionalism Job Performance
To be com Source of Complaint: Web Phone Walk-in Email Letter Other:	pleted by OPR Complaint Classification: Professionalism Job Performance
To be com Source of Complaint: Web Phone Walk-in Email	pleted by OPR Complaint Classification: Professionalism Job Performance

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