



Buffalo County Sheriff's Office
2025 A Ave Kearney, NE
68847
308-236-8555

Complaint Statement

Last Name: _____ First Name _____ MI: _____

Address: _____

Phone Number: _____

Date and Time of Incident: _____

Location of Incident: _____

Case Number or Citation Number (If Known): _____

Officer(s) Names(s) (if known):

Witness Name (s) (if known) _____

Upon completing this form (both sides) please mail or deliver it to:

Buffalo County Sheriff's Office
Attn: Internal Affairs
2025 A Ave
Kearney, NE 68847

Summary of Incident (use additional pages if needed):

I hereby declare the facts herein reported to me are true and correct to the best of my knowledge.

Signature: _____ Date: _____