



South Carolina Department of Corrections Office of Inspector General

CITIZEN'S COMPLAINT/COMMENDATION FORM

Upon completion, please email to SCDC.OIG@doc.sc.gov

Name: _____ Phone: _____

Date of Birth: _____

Address: _____

Driver's License Number and State: _____

Date of Complaint: _____

Date/Time of Incident: _____

Location of Incident: _____

Name(s) of OIG Personnel Involved: _____

Witnesses: _____ Phone: _____

Witnesses: _____ Phone: _____

Please provide a detailed narrative of your complaint: _____
