



State of South Carolina

# Crime Victims' Ombudsman

# COMPLAINT FORM

Office of the Crime Victims' Ombudsman  
1205 Pendleton Street  
Columbia, South Carolina 29201  
Phone: 803.734.0357  
Fax: 803.734.1428  
E-mail: [cvo@oepp.sc.gov](mailto:cvo@oepp.sc.gov)

## Section 1 - Victim Information

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |
| (Victim's Name) First    | Last                 | MI                   |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |
| (Mailing Address) Street | City                 | State Zip            |
| <input type="text"/>     |                      |                      |
| Contact Telephone Number |                      |                      |

## Section 2 - Complainant Information (Complete only if different than above)

|                          |                        |                          |
|--------------------------|------------------------|--------------------------|
| <input type="text"/>     | <input type="text"/>   | <input type="text"/>     |
| (Victim's Name) First    | Last                   | MI                       |
| <input type="text"/>     | <input type="text"/>   |                          |
| (Mailing Address) Street | Relationship to Victim |                          |
| <input type="text"/>     | <input type="text"/>   | <input type="text"/>     |
| (Mailing Address) City   | State Zip              | Contact Telephone Number |

## Section 3 - Crime Information

|                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="text"/>             | <input type="text"/>              | <input type="text"/>                     |
| (Suspect's Name) First           | Last                              | MI                                       |
| <input type="text"/>             |                                   | <input type="text"/>                     |
| Type of Crime/Charges            |                                   | Suspect's Relationship to Victim, if any |
| <input type="text"/>             | <input type="text"/>              |  |
| Date of Crime                    | County in Which Crime Occurred    |  |
| <input type="text"/>             | <input type="text"/>              | <input type="text"/>                     |
| Law Enforcement Agency Contacted | Case Number and/or Warrant Number | Name of Investigating Officer            |

## Section 4 - Complaint Information

|   |  |
|---|--|
| What agency complaint is against:         | <input type="text"/>   |
| Victims' right(s) you feel were violated: | How you would like the Office of the Crime Victims' Ombudsman to help: |
| <input type="text"/>                      | <input type="text"/>   |

## Section 5 - Victim Service Provider/Victim Advocate

Have you spoken with an advocate?  YES  NO

Advocate's Name

Advocate's Agency

## Section 6 - Referral Service

- Law Enforcement Victim Advocate     Solicitor's Office Victim Advocate     Courts     State Agency  
 Law Enforcement     Solicitor's Office     Constituent Services     Faith-based  
 Non-profit Organization     Internet

Other

## Section 7 - Consent to Investigate

In order to conduct an inquiry into your complaint, the CVO shall forward copies of your complaint to the person, program, and agency against whom you make the allegation, and conduct an inquiry into the allegation stated in the complaint. In carrying out the inquiry, the CVO is authorized to request and receive information and documents from the complainant, elements of the criminal and juvenile justice systems, and victim assistance programs that are pertinent to the inquiry. Following each inquiry, the CVO shall issue a report verbally or in writing to the complainant and the persons or agencies that are the object of the complaint and recommendations that in the ombudsman's opinion will assist all parties. The persons or agencies that are the subject of the complaint shall respond, within a reasonable time, to the CVO regarding actions taken, if any, as a result of the CVO's report and recommendations.

By signing below, you are giving your consent to the CVO to disclose this information to the agency stated in your complaint.

I understand that upon receipt of this form, the Office of the Crime Victims' Ombudsman will conduct an inquiry into my complaint and I hereby consent to such an investigation.

I certify that I have read and understood all of the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **SECTION 16-3-1640.** Confidentiality of information and files.

Information and files requested and received by the ombudsman are confidential and retain their confidential status at all times.

Please return pages 1-3 of this form to:

Office of the Crime Victims' Ombudsman, 1205 Pendleton Street, Columbia, South Carolina 29201.

## Section 8 - Statement of Complaint

Please provide as much detailed information about the crime and your complaint as possible. Use additional paper if necessary. You may also attach any other documentation you feel is necessary to the inquiry. Be sure to include what agency/entity your complaint is against.

Check here if your statement continues on attached pages.

I certify that the information set forth herein is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Office of the Crime Victims' Ombudsman (CVO) cannot conduct an inquiry into your complaint unless the complaint form is completed, signed and submitted either by mail: Office of the Crime Victims' Ombudsman, 1205 Pendleton Street, Columbia, South Carolina 29201 or by fax: 803.734.1428. The CVO does not accept complaints by e-mail.