Complaint No.		

WEXFORD COUNTY SHERIFF'S OFFICE CITIZEN COMPLAINT FORM

It is the policy of the Wexford County Sheriff's Office to accept and investigate all complaints of employee misconduct or wrongdoing. The Sheriff's Office is committed to providing law enforcement services that are fair, effective and impartially applied. In striving for a professional level of service, all employees are expected to adhere to the highest standards of official conduct and are expected to respect the rights of all citizens.

It is the intention of the Sheriff's Office to encourage public support and confidence through the assurance of a fair and thorough investigation of all complaints, thereby leading to a positive relationship that facilitates the attainment of the Sheriff's Office goals and objectives.

This form may be used to register a complaint against any employee of the Wexford County Sheriff's Office, whose conduct, behavior or action is considered improper, unneccessary, or inappropriate.

Please print or type all information clearly and legibly in the spaces provided. If you need assistance in completing this form, please contact the supervisor in charge. You will be contacted at a later time with regard to your complaint.

Your Name	Today's Date		
Your Address - Street	City, State, Zip		
Telephone (Home, Work, Cell)	Original Report Number (if known)		
Location of Incident	Date/Time of Incident		
Employee(s) Involved (if known)			
Witnesses to Incident (if any) - include name, address, phone			

Complaint Summary

Please describe your complaint and the alleged actio of the incident. Use additional paper if necessary.	ns of the employee(s	s) in question, providing specific details
I declare under penalty of law that the above inform	ation is true and base	ed upon my personal knowledge of the
Signature of Complainant		Date
Signature of Employee receiving this form	ID No.	Date

Distribution: Original to the Undersheriff
One copy to Complainant