



UNION COUNTY SHERIFF'S OFFICE

Personnel Commendation / Complaint



Commendation Administrative Complaint Criminal Complaint

Date:	Time:	Information Received By:
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CITIZEN'S INFORMATION: Check box if Anonymous

Last Name:	First:	Sex:	Race:	DOB:
Address:			Home Phone:	Work Phone:

DEPUTY(IES) INVOLVED:

Last Name:	First:	DPSST #:	Car #:
If Unknown - Description:			
Last Name:	First:	DPSST #:	Car #:
If Unknown - Description:			

WITNESS(ES) INFORMATION:

Last Name:	First:	Sex:	Race:	DOB:
Address:			Home Phone:	Work Phone:
Last Name:	First:	Sex:	Race:	DOB:
Address:			Home Phone:	Work Phone:
Last Name:	First:	Sex:	Race:	DOB:
Address:			Home Phone:	Work Phone:

INCIDENT INFORMATION:

Date:	Time:	Location:
Type of Incident / Charges:		
Nature of Praise or Complaint:		

DISPOSITION (check all that apply):

<input type="checkbox"/>	Praise noted / copy forwarded	Comments: _____ _____ _____
<input type="checkbox"/>	Explained policy or procedure to Citizen	Comments: _____ _____ _____
<input type="checkbox"/>	Resolved with citizen without officer's input	Comments: _____ _____ _____
<input type="checkbox"/>	Resolved with citizen with officer's input	Comments: _____ _____ _____
<input type="checkbox"/>	Discussed with officer to resolve	Comments: _____ _____ _____
<input type="checkbox"/>	Filed only, no way to identify officer involved	Comments: _____ _____ _____
<input type="checkbox"/>	No evidence or basis for complaint	Comments: _____ _____ _____
<input type="checkbox"/>	Other resolution (see comments)	Comments: _____ _____ _____



Received by:	Date:	Referred to (Supervisor):	Date:
Supervisor:	Date Received:	Disposition Date:	Involved Officer's Initials: