

YORK COUNTY SHERIFF'S OFFICE CITIZEN'S COMPLAINT FORM

Case # _____

COMPLAINANT:

Name: _____ Dob: _____ Sex: _____

Phone: _____

Address: _____

City / Town: _____ State: _____

Personnel Involved:

Name: _____

Name: _____

Witnesses:

Name: _____ Phone: _____

Address: _____

City / Town: _____ State: _____

Name: _____ Phone: _____

Address: _____

City / Town: _____ State: _____

Nature of Complaint:

Date/Time of Incident:

Location:

Detail by Complainant:

Date/Time of submittal:

Citizen Input

Providing law enforcement services to the County of York is an ongoing exercise in evaluation and improvement. The York County Sheriff's Office is committed to constantly challenging the way we do business and finding new and innovated ways to serve.

In completing this form, you will assist members of the York County Sheriff's Office in this process. You may ask a question, file a complaint, commend a member of the agency, or provide general feedback about the department's services and employees.

IN AN EMERGENCY, DO NOT FILL OUT THIS FORM. CALL 911 FOR HELP.

Comments:

Deputy(s) Name(s):

On what date did this occur:

What time did this occur:

Location:

In order to adequately respond to your input, we need to be able to contact you. Please provide the following so that we may respond.

Your Name:

Telephone #:

Email:

By clicking on submit, this form will be sent to us. Thank you for your assistance.