

HOW TO MAKE A COMPLAINT

1. If you wish to make a complaint about the actions of an employee, a deputy or about any aspect of court service operations, please:
 - a. Come to the office and tell any employee that you want to make a complaint; or
 - b. Call the office and tell the person answering the phone that you want to make a complaint; or
 - c. Visit the City of Suffolk Sheriff's office website page and download the report of complaint to submit to Sheriff Office; or
 - d. Write your complaint and mail it to the Sheriff.
2. If needed, A supervisory deputy can assist you in filling out a complaint form by calling or visiting the Suffolk Sheriff Office. This form asks you to identify yourself and then to give specific details about your complaint.
3. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
4. If it is going to take an extended period of time to investigate your complaint, you will receive a letter telling you approximately when you may expect a reply.
5. When investigation of your complaint has been completed, the Sheriff will review the investigation and will write you a letter explaining the results of the inquiry.

REPORT OF COMPLAINT AGAINST SHERIFF'S PERSONNEL

CONFIDENTIAL

Name of complainant: _____

Address where you can be contacted: _____

What phone number? Residence: _____ Work: _____

Date and time of incident: _____

Location of incident: _____

Name of deputy(s) or employee(s) against whom your complaint is being filed, or other identifying information (vehicle tag number, color, type etc.)

Rank: _____

Name: _____

I.D. # _____

Badge: _____

Vehicle: _____

Name(s)/address/phone number or other identifying information for any witnesses, if applicable:

Statement of allegation:

(If further space is needed use reverse side of sheet)

I understand that this statement of complaint will be submitted to the Suffolk Sheriff and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the office, the employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by the Sheriff, and to testify under oath concerning all matters relevant to this complaint.

Signature of Complainant

Date

_____ Check if complainant refused to sign

Signature of Person Receiving Complaint

Date and Time Received