



SHERIFF'S OFFICE COMPLAINT FORM

Date :

Your Name or *Can Be Anonymous:*

Date of Birth:

Phone Number:

Address:

City/State:

Date of Incident:

Please describe details of the incident you wish to complain about. If your complaint involves an employee please include the name of the employee. It would be helpful to include the identity of any witness. If you have any questions please contact the Sheriff's Office during normal business hours at (608)284-6800.

Signature (Optional)

Please use the back of this form or additional sheets if needed.