MICHAEL H. ZURLO
SHERIFF

Richard L. Castle
Undersheriff

Glenn D. Sheehy
Chief

SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

Commendation/Complaint Form

If you would like to commend a member of the Saratoga County Sheriff's Office, or file a complaint against an employee, please use this form and write legibly. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mail or return it to the Saratoga County Sheriff's Office.

I wish to file a (please check one): [ ] Commendation [ ] Complaint

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

[ ] *Formal Complaint:* Involves a serious allegation of misconduct that will be officially investigated

[ ] *Informal Complaint:* Involves a minor complaint or concern, and I only want my complaint/concerns on record.

Information on you:

Last Name	First Name	M.I.	Date of Birth
Street Address/Apt. #	City	State	Zip Code
Home Phone	Cell Phone		Sex M [ ] F [ ]

Are you filing this on behalf of someone else? Yes [ ] No [ ] *If yes, complete section below:*

Last Name of Person	First Name	Age	Sex M [ ] F [ ]
Street Address/Apt. #	City	State	Zip Code
Relationship to You	Home Phone	Cell Phone	

Information about the incident

Location of Incident	Date of Incident	Incident Time
Names/Phone Number of any Witnesses		
Name/ID of Officers or Employees		

Details on Incident

I attest that the above information and my statement is true and correct to the best of my recollection/knowledge

Signature:	*Date:*