

Signature:

SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO SHERIFF

Jeffrey R. Brown *Undersheriff*

Patrick M. Maswich Chief Deputy

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. [] Commendation I wish to file a (please check one): [] 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[] If yes, complete section below: Are you filing this on behalf of someone else? Yes [] No[] Last Name of Person First Name Age Sex M[] F[] Street Address/Apt. # City Zip Code State 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

Date: