



Greenlee County Sheriff's Office Public Complaint Form



COMPLAINANT INFORMATION			
First Name:	Last Name:	Middle Initial:	
Mailing Address:	City:	State:	Zip:
Home Phone Number:	Cell Phone Number:	Email Address:	
COMPLAINT DESCRIPTION			
DO NOT WRITE IN THE SECTION BELOW OR ON THE BACK			
SUBJECT OF COMPLAINT			
First Name:	Last Name:	Badge number:	
Department: (i.e. Patrol, Dispatch, Jail, Admin):			
WITNESS (IF APPLICABLE)			
First Name:	Last Name:	Middle Initial:	
Mailing Address:	City:	State:	Zip:
Home Phone Number:	Cell Phone Number:	Email Address:	
First Name:	Last Name:	Middle Initial:	
Mailing Address:	City:	State:	Zip:
Home Phone Number:	Cell Phone Number:	Email Address:	

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Signature: _____ Date: _____

DEPARTMENT USE ONLY			
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> EXONERATED	<input type="checkbox"/> NOT SUSTAINED	<input type="checkbox"/> SUSTAINED

Supervisor Signature: _____ Date: _____

DOING THE RIGHT THINGS FOR THE RIGHT REASONS!