



# FLATHEAD COUNTY SHERIFF'S OFFICE

## COMPLAINT OR COMMENDATION

Valued Customer,

The Flathead County Sheriff's Office provides law enforcement services to our community. The Office has trained its personnel to provide consistent and professional service. As a member of our community, you can assist the Office in ensuring this level of service maintains that high level of expectation. We encourage your participation. We want you to give us information when you observe actions by the Sheriff's Office employees which you believe needs our attention. These can be both those actions which you find rewarding and those you might believe are not at an acceptable level of professional law enforcement service.

You may report your observations in person, by letter, or on the telephone. The Sheriff's Office does accept anonymous information, but we would prefer you provide us with your identity. Anonymous reports are investigated only to the extent which the information allows; which may not be satisfactory to you or the Office.

You should expect your initial contact will be with a supervisor of the Sheriff's Office. The supervisor will prepare the actual Complaint and Commendation Form and conduct a preliminary investigation. This is to ensure all relevant and available information is gathered when it is still fresh. Your cooperation is very important particularly in identifying witnesses and allowing us to accumulate evidence including photographs and medical treatment records, if necessary.

A member of the Sheriff's Office will be assigned to investigate your report. You may choose to talk to a supervisor immediately or take an attached Complaint and Commendation Form. After filling out the form you may drop it off at the front window of the Sheriff's Office or mail it to: **Flathead County Sheriff's Office, Attn: Professional Standards, 920 S. Main Street, Ste. #100, Kalispell, MT 59901.**

We strive to complete complaint investigations promptly. When the investigation is completed, you will be notified of the outcome.

Customers, such as you, are valuable eyes and ears for our community and its Sheriff's Office. We respect your input, both good and bad. Whenever you see Sheriff's Office employee actions which you believe we should be aware of, please report those to us.



# FLATHEAD COUNTY SHERIFF'S OFFICE

## COMPLAINT AND COMMENDATION FORM

Complaint

Commendation

Date \_\_\_\_\_

### INFORMATION ABOUT YOU \_\_\_\_\_

Legal Name (Last, First MI): \_\_\_\_\_

DOB \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### INFORMATION ABOUT THE INCIDENT \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

CR# \_\_\_\_\_ Location: \_\_\_\_\_

### INFORMATION ABOUT THE EMPLOYEE \_\_\_\_\_

Department Employee Involved (name, badge and/or physical description): \_\_\_\_\_

\_\_\_\_\_

### WITNESSES/OTHERS INVOLVED \_\_\_\_\_

Legal Name (Last, First MI): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Name (Last, First MI): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(You may use additional sheets if necessary)

