



SHERIFF'S OFFICE, COUNTY OF SUFFOLK, N.Y.
ACCREDITED LAW ENFORCEMENT AGENCY
CITIZEN COMPLIMENT/COMPLAINT REPORT

INTERNAL AFFAIRS BUREAU USE ONLY

Received: _____

IAB #: _____

The Suffolk County Sheriff's Office is committed to providing the highest quality services to each and every citizen and your input is important to us. If you have a compliment or complaint concerning an SCSO employee, please do one of the following:

- Complete this form and submit it directly to any SCSO facility or fax it to **(631) 852-2226**
- Mail it to: **Suffolk County Sheriff's Office, Internal Affairs Bureau, 100 Center Drive, Riverhead, NY 11901**
- Telephone the Internal Affairs Bureau at **(631) 852-2222** or the Human Rights Commission at **(631) 852-5480**

Check the appropriate category: Compliment Complaint **Blotter #** (If known/applicable): _____

YOUR INFORMATION

NAME (LAST, FIRST, M.I.)		DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		HOME PHONE	
E-MAIL ADDRESS	CELL PHONE	WORK PHONE	<input type="checkbox"/> PERMISSION TO CONTACT

PERSON ASSISTING (IF APPLICABLE)

PERSON ASSISTING (INTERPRETER, REPRESENTATIVE, ETC.)	RELATIONSHIP	CONTACT PHONE
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WITNESS (IF APPLICABLE)

WITNESS NAME (LAST, FIRST, M.I.)	HOME PHONE
ADDRESS	CELL PHONE

INCIDENT

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
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SCSO EMPLOYEE INFORMATION (IF KNOWN)

TITLE/RANK	SHIELD NO.	COMMAND	NAME (LAST, FIRST, M.I.)	<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Uniform <input type="checkbox"/> Plainclothes	<input type="checkbox"/> In Car <input type="checkbox"/> On Foot	<input type="checkbox"/> Marked Car <input type="checkbox"/> Unmarked Car	Patrol Car #:	License Plate #:

PHYSICAL DESCRIPTION OF EMPLOYEE (HEIGHT, BUILD, HAIR/EYE COLOR, AGE, ETC.)

DESCRIPTION OF INCIDENT (PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE, ATTACH ADDITIONAL SHEETS AS NECESSARY)

Would you like a Sheriff's Office Supervisor to contact you with regard to your comments? YES NO

Signature: _____

Date: _____