

SANILAC COUNTY SHERIFF'S OFFICE

65 NORTH ELK STREET SANDUSKY, MICHIGAN 48471 OFFICE: (810) 648-2000 FAX: (810) 648-5162 · EMERGENCY: 9-1-1 · WWW.SANILACSHERIFF.ORG · WE ARE AN EQUAL OPPORTUNITY EMPLOYER ·

FAX: 810-648-5162

Email: nsmith@sanilaccounty.net

PUBLIC COMPLAINT AGAINST EMPLOYEE

This form is for use by members of the public who wish to make a complaint concerning an employee of the Sanilac County Sheriff's Office. This form should be filled out as completely as possible and submitted following one of the below listed methods.

Questions should be directed to a supervisor of the appropriate division (Uniform Services or Corrections) during business hours at 810-648-2000. Submit the completed form using one of the below listed methods:

U.S. Mail: Sanilac County Sheriff's Office ATTN: Administration 65 N. Elk Street Sandusky, MI 48471

Section I. About You

Sandusky, IVII 48471

Title		Name (First, Middle Initial, Last)					
() Ms. () Mrs. () Mr. (
Street Address			City		State	Zip Code	
Home Phone Work Phone		C	Cell Phone	one Email			
Have you reported this incident to anyone else within the Sanilac County Sheriff's Office? () Yes () No If Yes, to whom and on what date:							
Section II. About Known Witnesses Tell us about others who may have witnessed or taken part in the incident. If extra space is needed, list the additional witnesses or information in Section V.							
Name		Address and Phone Number					
Section III. About our Employees List all Sanilac County Sheriff's Office employees you are complaining about, and include rank and full name if known. If extra space is needed, list the additional employees or information in Section V.							

Section IV. About the Incident Be as specific as possible and provide all requested information.						
Date	Time	Location				
Related Police Report Number			Sanilac County Sheriff's Office Vehicle License Plate Number			
		() N/A or Unknown	() N/A or Unknown			
Section V. Des To assist us with a additional individua () Check here if	sccurately identifying als having knowled	ng the incident, describe the in Ige of the incident who were r	ncident in as much detail as possible. Use this area to list any not already disclosed. Attach additional sheets as necessary.			
1						

The Sanilac County Sheriff's Office adheres to the policy of investigating all allegations of misconduct or complaints regarding violations of policies, procedures, Federal and/or State Law. The goal of the Sheriff's Office is to ensure that objectivity, fairness and justice is assured by intensive impartial investigation and review. Unless the complaint and allegation is of such magnitude that it requires additional time to review, all complaints will be resolved as soon as practicable. During the course of an investigation, the Sheriff or their designee shall notify you concerning the status of the complaint. The Sheriff or their designee will notify you of the findings of the investigation conducted.