



**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
--	--------------	---------------

**WITNESS (IF APPLICABLE)**

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

**INCIDENT**

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
------------------	------------------	----------------------

**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: \_\_\_\_\_