

OFFICIAL USE ONLY

Date/ Time Received: _____

Received by: _____

CC#: _____

Assigned to: _____



CIVILIAN COMMENT/ COMPLAINT FORM

Worcester County Sheriff's Office

Compliments or Comments may be submitted on behalf of another person.

NAME: _____
(Last) (Middle) (First)

ADDRESS: _____
(Street Name & Number)

(City) (State) (Zip Code)

TELEPHONE: _____ WORK: _____

EMAIL: _____

Date and Time of Incident: _____

Address where incident happened: _____

Name & Badge Number of Deputy(s) (if known): _____

Description of Comment/ Complaint: _____

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

Signature

Date