



SARPY COUNTY EMERGENCY COMMUNICATIONS DEPARTMENT

COMMENDATION/COMPLAINT/SUGGESTION FORM

E-mail completed form to sarpyec@sarpy.com or fax to 402-593-2319

1. Check the block that most closely describes the intent of this report:

- | | | | |
|-----------------------------|-----------------------|-----------------|-----------------------|
| a. Allegation of Misconduct | <input type="radio"/> | c. Commendation | <input type="radio"/> |
| b. Suggestion or Inquiry | <input type="radio"/> | d. Complaint | <input type="radio"/> |

2. Date/time of occurrence: _____

3. Dispatcher name if applicable: _____

4. Witnesses to support this report (name, address, telephone number):

5. Narrative account of occurrence: (additional information can be added to the second page)

Name/Agency of Reporter

Telephone Number

Signature of Reporter

E-mail Address

Signature of Agency Chief or Complaints Officer

INT - 5.1: Complaints/Commendations Form

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Additional Information if needed:

A large, empty rectangular box intended for providing additional information.