OKANOGAN COUNTY SHERIFF

Public Comment Form

Today's Date: _____

For:

- ☐ Sheriff
- ☐ Records Division
- ☐ Administration
- ☐ Comms. Div. / Dispatch
- ☐ Patrol Division
- ☐ Investigations
- ☐ Corrections Division
- ☐ Property / Evidence

Type:

- ☐ Compliment
- ☐ Complaint*
- ☐ Comment

Regarding *(check all that apply)*:

- ☐ Quality or Level of Service
- ☐ Employee
- ☐ Type of Service
- ☐ Agency
- ☐ Timeliness
- ☐ General
- ☐ Misconduct
- ☐ Other (comment below)

Action Requested:

- ☐ Request Follow-up
- ☐ Pass along the information
- ☐ No Action Requested
- ☐ Other (comment above)

Name of Reporting Party: _____ Phone: _____

Address: _____

Location of Event / Incident: _____ Date & Time of Event / Incident: _____

Details:_____

_____

_____(continue below)

** All complaints will be reviewed and processed in accordance with Okanogan County Sheriff's Office policy.*

(continued) ** Please list names and contact info for other involved persons.*

_____

_____

_____

_____

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_____

_____

_____

Internal Use Only:

Completed by: _____ Position: _____ Date: _____

Action Taken:

- ☐ Information Only
- ☐ Unfounded
- ☐ Exonerated
- ☐ Not Sustained
- ☐ Sustained

Form # (from log) _____

PLEASE SCAN AND EMAIL this form to: ocso@co.okanogan.wa.us

OR mail or drop it by the Office at: 123 5th Ave. N., Okanogan, WA 98840