



WYANDOTTE COUNTY SHERIFF'S OFFICE



Daniel Soptic
SHERIFF

Emmette Lockridge
UNDERSHERIFF

WYANDOTTE COUNTY SHERIFF'S OFFICE CITIZEN'S COMPLAINT OR COMMENDATION

Upon completion of this form, you may either return it in person to the Sheriff's Office or mail it to the Wyandotte County Sheriff's Investigative Division, 710 North 7th Street, Suite 20, Kansas City, KS 66101.

Name _____ Phone _____

Address _____

Date of Occurrence _____ Time of Occurrence _____

Location of Occurrence _____

Names, badge numbers or serial numbers of employees involved (if known):

Names, addresses, and telephone numbers of witnesses present at the time of occurrence (if known):

(List additional employees and/or witnesses under the "Details" section.)

Details – Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like. Attach additional sheets if needed.

Date _____ Signature _____ Print _____

DEPARTMENTAL USE ONLY

To be completed by the supervisor receiving this form.

Supervisor's name _____ Serial number _____ Date/time received _____

Division _____ Final disposition _____

