



**GRAY COUNTY SHERIFF'S OFFICE
COMPLAINT OR COMMENDATION FORM**

INFORMATION ABOUT YOU

First Name: _____ Middle Name: _____
Last Name: _____ DOB: _____
Address: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____

WITNESS INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____ DOB: _____
Address: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____

EMPLOYEE INVOLVED

Employee Name: _____ Badge No. _____

LOCATION

Street name: _____ City: _____
State: _____ Zip: _____
Date: _____ Time: _____ am/pm

OFFICE USE ONLY

GYSO who receive misconduct complaints must notify a shift supervisor immediately.

GYSO Supervisor signature: _____ **Badge No.** _____

Date: _____ **Time Received:** _____ **am/pm**