

COMPLAINT FORM

John Novacek, Marshall County Sheriff values the information and feedback provided through complaints, and uses this information to improve service delivery for victims of crime by Marshall County Victim Services.

Objective:

- To ensure crime victims have access to a fair and expedient process for having a complaint addressed;

Please describe in detail the nature of your complaint, including the date or dates of the incident(s) and the names of Personnel involved and other witnesses. Attach additional sheets if necessary:

For this complaint claim to be considered for investigation and processing by this office, the form must be signed by the person filling the complaint. If you are filing the complaint on someone's behalf, provide the name and address of the person on whose behalf you are filing along with your identification.

Signature: _____ **Date:** _____

Complainants Name: _____

Address: _____

Telephone Number: _____

If filing a complaint on someone's behalf, please list:

Name: _____

Address: _____

Telephone Number: _____