



**Essex County Sheriff's Office**  
 PO Box 68, 702 Stowersville Road  
 Lewis, New York 12950  
 sheriffcontact@essexcountyny.gov

**COMPLIMENT & COMPLAINT FORM**

**Instructions:** *In an effort to better serve the community we are sworn to protect, the Essex County Sheriff's Office encourages input from anyone who has an opinion on the service they received from the Sheriff's Office. Please take the time to answer as many questions as possible so we may properly document and evaluate your comments. Once completed; you can mail, email or drop off this form using the address information above. Personal information will not be disclosed to the public, unless required by law.*

I wish to file a:       Compliment       Complaint

**Information about you:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

**Witness Information (if applicable):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

**Sheriff's Office Employee Information:**

Employee Name or Badge #: \_\_\_\_\_ Car Number (if applicable) \_\_\_\_\_

Employee Name or Badge #: \_\_\_\_\_ Car Number (if applicable) \_\_\_\_\_

Employee Name or Badge #: \_\_\_\_\_ Car Number (if applicable) \_\_\_\_\_

**Please provide a brief description of what happened during your interaction with the Sheriff's Office:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to be contacted by an administrative staff person of the Sheriff's Office?

Yes       No

**Sheriff Office Use Only**

Date and Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_