

CONFIDENTIAL

Johnson County Sheriff's Office PERSONNEL FEEDBACK FORM

The Johnson County Sheriff's Office is committed to providing exceptional service to our community. As an agency, we are committed to ensuring the public safety of citizens while maintaining respect for individual rights and dignity.

Citizen cooperation and input is essential for our office to succeed in this goal. Your questions concerns compliments and

Citizen cooperation and input is essential for our office to succeed in this goal. Your questions, concerns, compliments and complaints are taken seriously and will help us continually evaluate our performance as we strive to provide you with excellent service.

TWISH TO REPORT A (PLEASE CHECK ONE):			Compliment	Questio	on	Complain				
	1	NFORMATION	ABOUT REPOR	TING PERSON						
Name:										
Address:										
Home Phone:			Work Phone:							
Email Address:										
Are you requesting	g return contact?		YES		NO					
INCIDENT INFORMATION										
Date of		Location of				Γime of				
Incident		Incident			I	ncident				
DETAILS OF THE INCIDENT										
İ										

DETAILS OF THE INCIDENT CONTINUED											
			101117								
WITNESS/OTHERS INVOLVED											
Name		Address	Email	Home Phone	Cell Phone						
You may return this	You may return this form to the Johnson County Sheriff's Office online, by email, mail or in person.										
Email forms to: Major Lamm at rlamm@johnsoncountyiowa.gov											
Mail to: Johnson County Sheriff's Office											
Widii to.	Attn: Major Lamm										
	PO Box 2540										
	low	ra City, Iowa 52244									
NOTICE: Depending	on the	nature of your complaint you may be cor	ntacted by a supervi	sor for additional	information.						
Signature:											
OFFICE USE ONLY											
Form received by: Date/Time:											
Assigned to: CFS#:											