This form can be hand-delivered, faxed to (505) 867-7608, or mailed to Quality Control at P.O. Box 5219 Bernalillo, NM 87004

Sandoval County Sheriff's Office

Complaint or Compliment Form

I want to file a: Complain	nt	Compliment	
Are you filing on behalf of someone	else? Yes No		
His/her Name:		Phone: ()	
Are you represented by an attorney	regarding this matter?	Yes No	
His/her Name:		Phone: ()	
Information about you:		I wish to remain anony	nous.
Last:	First:	Middle I	nitial:
Day Phone: ()	Evening	Phone: ()	
Cell Phone: ()			
Other Contact information:	371		
	7		
Information about the incident:	I have photogra	aphs or video/audio relevant to	o this incident.
Date:/ Time:	AM or	PM Case #:	
Address/Location:			
Information about the Sandoval Co	unty Sheriff's Office Emp	oloyee(s) involved: (use narrative	ve for additions)
Name:	Badge #:	Vehicle #:	OR
Describe the Employee:			
Name:	Badge #:	Vehicle #:	OR
Describe the Employee:	MEALL		
Information about a witness: (use na	arrative for additions)		
Name:	A STATE OF THE STA	Phone: ()	
Please tell us what happened (more	space on reverse / attach	additional pages or document	s if needed):
	2625		
The Sandoval County Sheriff's Office is dedicted of Sandoval County. Your honest feedback is community. Therefore, it is critical that truth thank you for bringing this matter to our attention.	s essential to maintaining a sher ofulness be maintained when p	iff's office that is both trustworthy an	d responsive to the
Complaint/Compliment Received By:		Date:	

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