



SARPY COUNTY SHERIFF'S OFFICE



Formal Complaint

JEFFERY L. DAVIS
Sarpy County Sheriff

8335 Platteview Road
Papillion, Nebraska 68046-2800
Telephone 402-593-2288
Fax 402-593-4323
Fax 402-593-4323

If you want to make a formal complaint against a Sarpy County Sheriff's Office employee, complete page three and four of this complaint packet.

To file the complaint, you may choose one of the following options:

- 1) Personally deliver the formal complaint to the Assigned Duty Commander while you are at the Sheriff's Office.
- 2) Mail, fax, or e-mail the formal complaint to:

Sarpy County Sheriff's Office
Professional Standards Unit
8335 Platteview Road
Papillion, NE 68046-2800

Fax: (402) 593-4323

Email: Professional Standards Unit (SheriffPSU@sarpy.com)

Our office will also accept formal complaints by telephone. In these situations, call the Sheriff's Office at (402)593-2288 and request to speak with the Assigned Duty Commander.

If you file a formal complaint by mail, fax, e-mail, or telephone, a Sheriff's Office employee will contact you to verify that you made the complaint.



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Once a Formal Complaint is submitted to the Sheriff's Office the following shall take place:

1. The complaint will be forwarded to the Professional Standards Unit (PSU). The PSU Commander will then assign an investigator to thoroughly investigate the complaint.
2. The assigned investigator will contact the complainant and schedule a formal interview. This interview is used to obtain the basis and facts behind the complaint. The investigator will also conduct interviews of all parties involved and gather /review related evidence.
3. Once the investigation is completed, the investigative file shall be forwarded to the accused employees Command Officer(s), and the Chief Deputy for review and recommendation for discipline, if any. Final disciplinary authority and responsibility shall rest with the Sheriff.
4. Upon completion of the investigation, the complainant shall receive written notification from the PSU Commander notifying them that the investigation has been completed. This written notification shall be provided to the complainant regardless of the outcome of the investigation.

If you have any questions in regards to the complaint process, please contact the Sheriff's Office at 402-593-2288 and request to speak with someone in the Professional Standards Unit.



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IA#: _____

RN: _____

(INTERNAL USE ONLY)

DATE: _____

NAME OF PERSON MAKING COMPLAINT: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: (W) _____ (C) _____ (H) _____

EMAIL ADDRESS: _____

NAME OF EMPLOYEE INVOLVED: _____

NAME OF EMPLOYEE INVOLVED: _____

NAME OF EMPLOYEE INVOLVED: _____

DATE OF ALLEDGED COMPLAINT: _____

TIME OF ALLEDGED COMPLAINT: _____

LOCATION WHERE ALLEDGED COMPLAINT OCCURRED: _____

***FORMAL COMPLAINT FORM MUST BE
COMPLETED & RETURNED TO THE ADMINISTRATIVE DIVISION
WITHIN 30 DAYS FROM THE DATE THE INCIDENT OCCURRED.***



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NARRATIVE: In your own words, write the events that occurred. Include all pertinent information along with any witnesses (names, addresses, and phone numbers) available. If additional space is needed, please attach another piece of paper.

This statement is accurate and truthful to the best of my knowledge.

Signature of Complainant

Date

Supervisor Receiving Complaint / Ser #

Date



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