



# Ulster County Sheriff's Office Commendation/Complaint Form

380 Boulevard, Kingston, NY 12401  
845-338-3640  
[www.ulstercountyny.gov/sheriff](http://www.ulstercountyny.gov/sheriff)

<i>Office Use Only:</i>	
IA#:	_____
Initials:	_____
Date:	____/____/____

**Instructions:** If you wish to commend one of our employees or file a complaint, please complete this form. If completing by hand, please write legibly. No personal information will be disclosed to the public unless required by law. You can submit the completed form in person to any member at our headquarters or any sub-station, mail it to the attention of the Internal Affairs Unit at the above address or e-mail it to [sheriff@co.ulster.ny.us](mailto:sheriff@co.ulster.ny.us).

I wish to file a (check one):  Commendation  Complaint

If you are filing a complaint, please indicate the type of complaint you are filing (check one):

**Formal Complaint:** I want my complaint formally/officially investigated, as I feel it pertains to an allegation of misconduct and if sustained, may warrant disciplinary action.

**Informal Complaint:** I want my complaint/concern recorded, however I understand it will be for informational purposes and may not result in disciplinary action. If this pertains to a policy or practice of this agency, I understand that policy or practice will be reviewed for possible revision.

**Information about you:**

Last Name:	First Name:	Middle Initial:	Date of Birth:
Street Address:	City:	State:	Zip Code:
Best Phone Number to Contact:	E-mail:		

**Are you completing this form for someone else?**  Yes  No If yes, please complete the section below

Their Last Name:	Their First Name:	Their Middle Initial:	Their Date of Birth or Age:
Their Street Address:	Their City:	Their State:	Their Zip Code:
Their Best Phone Number to Contact:	Their E-mail:	Why Could/Did They Not Complete This Form Themselves?	

**Information about the incident (attach additional sheets of paper if needed):**

Address/Location of Incident:		Date of Incident:	Time of Incident:
Witness Last Name:	Witness First Name:	Witness Date of Birth or Age:	Witness Phone Number:
Witness Address:	City:	State:	Witness E-Mail Address:
Name or Badge Number of Member 1:	Name or Badge Number of Member 3:	Does a Civilian Recording of Incident Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Who Possesses It?
Name or Badge Number of Member 2:	Name or Badge Number of Member 4:	Their Address:	Their Phone Number:

**Narrative of Event: Please tell us about why you are submitting this document. Attach additional sheets of paper if needed.**

Before submitting this, we encourage you to:

1. Ensure you notify us of any changes of contact information to avoid unnecessary communication delays between us.
2. Ensure there are no materially false allegations contained in this document.
3. Keep a copy for yourself before submitting. If requested, a copy will be provided to you at no cost at the time of receipt by our agency.

**For Office Use Only:**

Received By (print and sign):

Date/Time: