Johnson County Sheriff's Office
Professional Standards Unit

Commendation and Complaint Form

Please complete all information as thoroughly and accurately as possible, providing as much detail as you can remember.

Type of report ☐ Commendation or Compliment ☐ Complaint ☐ Suggestion or Inquiry

Information about you

Last Name _____ First Name _____ Middle Initial ___ Date of birth _____

Address(street, city, state) _____

Day phone _____ Evening phone _____ E-mail address _____

Information about the incident

Date of Incident _____ Time _____ ◯ a.m. ◯ p.m. Day of week _____ Case Number _____

Location _____

Witness Name _____ Witness Phone _____

Witness Name _____ Witness Phone _____

Information about JCSO employee(s) involved

Name _____ Or description _____

Name _____ Or description _____

Briefly describe what happened

Please provide any additional information you think will be helpful

While we encourage the reporting of legitimate complaints, if you knowingly make a false report to law enforcement authorities of a crime or other incident, you can be charged with a class three misdemeanor. Filing a complaint against a police employee will not lessen or otherwise affect the outcome of any criminal case in which you may be involved.

I affirm that the information provided in this statement is true and factual to the best of my knowledge. I understand that it may be necessary for me to be interviewed or to provide other assistance during the investigation of a complaint.

○ I understand and agree

Name, or signature if printed _____ Date _____

Print Form

Submit by Email

The Johnson County Sheriff's Office carefully investigates all complaints relating to police service and police misconduct. We value your opinion and thank you for bring the matter to our attention.

This form can be printed and mailed to:

Johnson County Sheriff's Office
Professional Standards Unit
588 E. Santa Fe, Suite 2000
Olathe, KS 66061

Or faxed to:

(913) 715-5853
Attention: Professional Standards

For internal use only

PSU # :_____ Date report received: _____