SHELDON POLICE DEPARTMENT CITIZEN'S COMPLIMENT / COMPLAINT FORM

The Sheldon Police Department is committed to ensuring that our members meet the highest standards of professional conduct and are responsive to the public they serve. You may have an occasion to commend officers for their actions or have an occasion to make a complaint about the actions of officers.

SERVICE GOAL:

The Sheldon Police Department recognizes its responsibility to serve the public to the best of its ability. Fair and impartial law enforcement is essential and must be accomplished with tact and diplomacy whenever possible. Force is used only when necessary and legally appropriate.

We want to know when our service needs to be improved and when our service goes above and beyond expectations. Citizens with compliments or complaints about the Sheldon Police Department or the actions of a Police Officer are encouraged to complete this form. Compliments or complaints should be filed on this form and can be delivered in person or mailed to the Sheldon Police Department at 416 9th Street, Sheldon, IA 51201.

INVESTIGATION OF COMPLAINTS:

Complaints about the Sheldon Police Department are taken very seriously. Our procedures provide for a fair and thorough investigation. Those filing the complaint are notified of the findings by the Chief of Police or by the officer's supervisor.

If criminal actions are found, formal charges will be handled by our legal system. All other misconduct will be handled administratively. Punishment for improper conduct will be determined by the Chief of Police.

FILING A FALSE REPORT:

In accordance with Iowa Code Section 80F.1, all complaints against Police Officers determined to be a false report, shall be referred to the County Attorney's Office for possible criminal charges.

This document may be used as evidence in a libel complaint against you by the officer if the information is found to be false and is damaging to the officer.

Compliment	Complaint 🗆
ull Name:	Address:
Sity: State: Zip:	Contact Number(s):
oday's Date: Date an	d Time of Occurrence:
ame of Officer(s) (if known)	
adge Number(s) (if known)	
arrative Details: Include officer(s) names, ti	mes, locations, any witnesses, and other factual information.
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ERTIFICATION: I certify that all of the orrect to the best of my knowledge and	e statements made in this complaint are true, complete, and belief, and are made in good faith.
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Please indicate that you have read the second se	he above statement and understand the legal responsibility