TOWN OF Sahuarita

POLICE DEPARTMENT

Chief of Police John D. Noland

COMMENDATION / COMPLAINT FORM

Submit your completed form in person to the Records Bureau or mail to:

Sahuarita Police Department
315 W. Sahuarita Center Way
Sahuarita, AZ 85629

Reporting Party Information:

Name: _____ Date of Birth: _____

Address: _____

Male ☐ Female ☐ Phone: _____ Best time to call: _____

SPD Staff Member Information:

Name: _____ Job Title: _____

Type of Contact: _____ Date of Contact: _____

Location of Contact: _____ Time of Contact: _____

SPD Staff Member Information:

Name: _____ Job Title: _____

Type of Contact: _____ Date of Contact: _____

Location of Contact: _____ Time of Contact: _____

Instructions:

On page 2, backside of this form, describe the actions of the person(s) you identified in this commendation or complaint that you believe are commendable or have violated a department rule, town ordinance, state or federal law, or standards of acceptable conduct. Be as specific as possible.

CITIZEN COMPLAINT FORM

Other Information: (Witness names, addresses, phone numbers, etc.)

FALSE INFORMATION WARNING

You have the right to file a complaint, however, in accordance with Arizona Law, in all instances where a false report is knowingly made to the agency; it is the policy of the Sahuarita Police Department to pursue criminal prosecution. In addition to any criminal penalties provided, the police officer involved may file a civil lawsuit for damages attributed to such false report.

☐ If this box is checked, it means that your complaint is temporarily closed until after your court appearance. Once you have appeared in court, and the case is fully adjudicated, please contact our office immediately (520-344-7000) in order to re-open the complaint.