OFFICE OF THE SHERIFF
COLLIN COUNTY, TEXAS

JIM SKINNER, SHERIFF

CITIZEN COMPLIMENT/COMPLAINT FORM

Time and date of action observed:_____

Location of action observed:_____

If known, employee(s) name or description:_____

If known, vehicle number(s) or description:_____

Your name (optional): _____

(*Anonymous complaints may limit our ability to properly investigate complaints.)*

Your contact phone number (optional):_____ Your email (optional):_____

Your observations: _____

Please continue on a separate sheet of paper and attach any pertinent documents, photos, emails, etc.

OFFICE USE ONLY

Form received by: _____ Date/Time: _____ How received: _____

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