

Tony R. Helms, Sheriff



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Camden County Sheriff's Office Employee Complaint and Commendation Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Complaint** or  **Commendation Information (Please Check One)**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please describe the incident in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this the first time you have raised this concern about this person?

Yes  No

Do you have any suggestions for resolving the complaint? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_