

SCHOHARIE COUNTY SHERIFF'S OFFICE Compliment Form

Instructions: If you would like to praise a Schoharie County Sheriff's Office employee, please fill out this form and return it to the Schoharie County Sheriff's Office at the address below. Personal information will not be disclosed to the public, unless required by law.

PLEASE PRINT LEGIBLY

First and Last Name		
Street Address		Sex: □ Male □ Female
Street Address Line 2		Age:
City		Date of Birth:
State	Zip Code	
Phone Number(s)		
Home	Work	Mobile
	Information about	the Incident
Location:		
Street Address		Date:
Street Address Line 2	2	Time: AM/PM (Please Circ
City		<u> </u>



SCHOHARIE COUNTY SHERIFF'S OFFICE Compliment Form

Name of Sheriff's Office Employee:	Badge # (if known):	Badge # (if known): Badge # (if known):	
Name of Second Employee:			
Nature of Action: Check all that apply			
	Yes	No	
Extremely Helpful			
Very Caring/empathetic			
Did a great job			
Made an extra effort			
Other			
Statement of Facts: Describe in detail the action(s) of the officer	r(s) that led you to file this complimen	nt:	
Signature		Date	

Please return to: Sheriff Ronald R. Stevens Schoharie County Sheriff's Office 157 Steadman Way/PO Box 159 Howes Cave, NY 12092