Sheriff
DAVID B. SHOAR
OFFICE
904/824-8304

ST. JOHNS COUNTY SHERIFF'S OFFICE
4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
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WWW.SJSO.ORG

CITIZEN'S COMMENT FORM

The St. Johns County Sheriff's Department strives to provide the best possible service to the citizens of St. Johns County. Citizens are encouraged to bring forward favorable comments as well as legitimate grievances regarding the Department or misconduct by Department personnel.

This form has been designed to document such comments, and to initiate inquiry of alleged misconduct. Your input, favorable or unfavorable, will enable us to serve you better.

David B. Shoar
Sheriff David B. Shoar

Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone (Home) _____
(Work) _____

Please write your comment, including all pertinent information such as dates, times, names, locations, etc. You may use additional sheets if necessary.

DATE / TIME OF OCCURRENCE: _____
LOCATION OF OCCURRENCE: _____
NAME (S) OF EMPLOYEE (S) INVOLVED: _____
FACTS: _____

FOR DEPARTMENT USE ONLY

IA# _____
Name of Receiving Employee _____ Date _____
Time Received _____ Received By: Mail _____ Phone _____ In Person _____
Forwarded To: _____ Date _____
Supervisor's Comments: _____
Resolved (Describe. Attach additional sheets if necessary) _____

Cannot be resolved at this level. Forwarded to _____ on _____
Supervisor's Signature _____
Reviewed by: _____ Date _____