



# Ascension Parish Sheriff's Office Commendation/Complaint Form



\*Your name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence \_\_\_\_\_

Location of occurrence \_\_\_\_\_

Names of deputy(s) involved (if known):

\_\_\_\_\_ Badge#/Unit# \_\_\_\_\_

\_\_\_\_\_ Badge#/Unit# \_\_\_\_\_

\_\_\_\_\_ Badge#/Unit# \_\_\_\_\_

Has any member of the Sheriff's Office attempted to discourage you from reporting this occurrence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Details: (Please summarize your commendation or complaint, including names of witnesses and any other factual and supporting information.)

PLEASE USE ADDITIONAL PAGES IF NEEDED

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

\*This report can also be submitted anonymously.

Please remit to Ascension Parish Sheriff's Office, Attention: Professional Standards and Accountability Unit, 828 S. Irma Blvd. Gonzales, LA 70737 or email to Issues@ascensionsheriff.com



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