

WILLIAMSON COUNTY SHERIFF'S OFFICE

Quality Assurance Report Form

Commendation
 Inquiry
 Complaint

SHERIFF'S OFFICE USE ONLY

Mail
 In Person
 Phone
 Internal Number

Complainant					
Last Name:		First Name:		Middle Name:	
Address:		Apt #	Work / School:		Work Phone: ()
City:		State:	Zip:	Home Phone: ()	
Witness Information					
Witness Last Name:		First Name:		Middle Name:	Relationship:
Address:				Phone: ()	
Witness Last Name:		First Name:		Middle Name:	Relationship:
Address:				Phone: ()	
Name of Sheriff's Office member if known (If unknown, please provide a description of the person and type of duty performed, e.g. traffic, patrol, detectives, etc.)					
1				Employee #	Section
2				Employee #	Section
3				Employee #	Section
Date of Incident:		Time of Incident:		Location of Incident:	
Describe the incident (In your own handwriting, give a brief description of what happened. Use reverse or attach additional sheets if needed.)					
Signature of Complainant:				Date:	
<i>PLEASE DO NOT WRITE IN THIS SPACE - SHERIFF'S OFFICE USE ONLY</i>					
Date Received:		Time Received:		Location Received:	
Received By: Name		Rank		<input type="checkbox"/> West <input type="checkbox"/> East <input type="checkbox"/> HQ <input type="checkbox"/> Other:	
Supervisor Notified:		Date Supervisor Notified:		Time:	
Internal Affairs Use Only					
Date Received:	Time Received:	Assigned to:		Date Assigned:	Time Assigned:
Completion Date:					

Completed forms may be dropped off or returned to: Williamson County Sheriff's Office, Attn: Office of Professional Standards. 508 S. Rock St.

