MADISON COUNTY

OFFICE OF THE SHERIFF

KIP C. THOMAS, SHERIFF

CITIZEN COMPLAINT / COMMENT FORM

NAME: _____ **ADDRESS:** _____

PHONE(HOME): _____ _____

(CELL): _____

NATURE OF COMPLAINT/COMMENT:

_____ _____

SUPERVISOR'S REVIEW **CHIEF DEPUTY'S REVIEW**

FINDINGS:

_____

KIP C. THOMAS, SHERIFF