

JOSH BERLIE  
SHERIFF OF HALL COUNTY

City – County Public Safety Center  
111 Public Safety Drive  
Grand Island, NE 68801

Office 308-385-5200  
Fax 308-385-5209



JOSH MOLINE  
CHIEF DEPUTY

"To Serve and Protect  
Since 1859"

The Hall County Sheriff's Department will investigate all citizens' complaints or concerns of misconduct on the part of any employee of this department. The public has the right to expect and demand fair and impartial services.

#### PROCEDURE:

1. Concerns or complaints made to any employee of the Sheriff's Department alleging misconduct of department personnel will be treated with serious consideration.
2. Any citizen who desires to make a complaint alleging misconduct has been provided with the appropriate online complaint form. Please print off the form and complete it. For any official disciplinary action to be taken, the complaint will need to be signed by the complainant. Unsigned complaints limit any possible disciplinary action we can take.
3. Once the complaint is completed and signed, please seal it in an envelope and mail it to the address list on the bottom of the 2<sup>nd</sup> page of the complaint form.
4. Once the complaint is received, the assigned investigator may be in contact with follow up questions to obtain additional information.
5. The Chief Deputy or a Captain designated by the Sheriff or Chief Deputy will review reports, investigate the incident and submit a report to the Sheriff.

Josh Berlie  
Sheriff- Hall County

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Please Print or Type

**Complaint Reported By**

Date Mailed

Name: _____	Last _____	First _____	MI _____	Date of Birth: _____	Month _____	Day _____	Year _____
Address _____							
City _____	State _____	Zip _____	Hours Available: _____				
				If At Work, When: _____			
County _____							
Place of Employment _____							
Address _____							
City _____	State _____	Zip _____	Phone: Hm: _____ Wk: _____				
County _____							

**Complaint Reported Against**

Name: _____	Last _____	First _____	MI _____	Place of Employment: _____		
Address _____				Position: _____		
(If Known)				Address: _____		
City: _____	State: _____					
County: _____	Zip: _____					
				City: _____	State: _____	Zip: _____
				County: _____		

**Witnesses**

Name: _____	Last _____	First _____	MI _____	Name: _____	Last _____	First _____	MI _____
Address: _____				Address: _____			
(If Known)				(If Known)			
City: _____	State: _____						
County: _____	Phone: Hm: _____						
				Wk: _____			
Name: _____	Last _____	First _____	MI _____	Name: _____	Last _____	First _____	MI _____
Address: _____				Address: _____			
(If Known)				(If Known)			
City: _____	State: _____						
County: _____	Phone: Hm: _____						
				Wk: _____			

Have you filed reports with any other agency regarding this matter? IF YES: \_\_\_\_\_

Agency / Date(s): \_\_\_\_\_

Has any action been taken against you regarding this matter?  
Please check:  **Arrest**  **Conviction**

**Citation**

Has any action been taken against the subject in this matter?  
Please check:  **Arrest**  **Conviction**

**Citation**

Describe the facts which led to the filing of this complaint and include, if possible, exact date and locations of pertinent Events. Please attempt to put in chronological order.

This complaint will be photocopied. PLEASE PRINT or TYPE ALL INFORMATION. Use additional paper if needed.

The information given above is true to the best of my knowledge and belief. I authorize the Hall County Sheriff's Office, or its designate, to use this information given in any manner which is determined necessary.

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***Signature***

*Date*

Return completed form to:  
**Hall County Sheriff's Office**  
**111 Public Safety Drive**  
**Grand Island, NE 68801**