

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 2nd 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



Please Print or Type

Complaint Reported By

Date Mailed

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

Complaint Reported Against

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

Witnesses

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

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

[illegible]

Signature

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