

RICK CONRAD
SHERIFF OF HALL COUNTY

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

Office 308-385-5200
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JOSHUA BERLIE
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.

Rick Conrad
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 _____ Hours Available: _____
 If At Work, When: _____

County _____

Place of Employment _____

Address _____

City _____ State _____ Zip _____ Phone: Hm: _____
 Wk: _____

County _____

Complaint Reported Against

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

Witnesses

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

