

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

Witnesses

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

