SHERIFF'S WATCH FEEDBACK FORM

SHERIFF'S WATCH
Strengthening Partnerships

Date: _____

Please circle one: comment complaint

Note: if the complaint involves a crime(s) and/or suspected crime(s), please be sure to include as much information as possible (i.e. exact location(s), description of person(s)/vehicle(s), date(s), and the nature of the activities).

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If this is a complaint, has this previously been reported? ____ Yes ____ No ____ Unknown

Do you want to be contacted by an officer? ____ Yes ____ No

If yes, please complete the following:

First and last name: _____

Phone number(s) _____

To submit this form:
Fax to (904) 630-8101 | Email to JSODistrict3@jaxsheriff.org
Or mail to Jacksonville Sheriff's Office District 3 Substation,
8875 Liberty Ridge Dr., Suite 110 Jacksonville, FL 32256

For Internal Use:
Coordinating Lieutenant/ Sergeant: _____
Date Assigned: _____ Due Date: _____
Officer(s) Assigned: _____ Complaint Completed: ____Yes ____ No