



# MONTGOMERY COUNTY SHERIFF'S OFFICE Compliment Form

**Instructions:** If you would like to praise a Montgomery County Sheriff's Office employee, please fill out this form and return it to the Montgomery County Sheriff's office at the address below. Personal information will not be disclosed to the public, unless required by law.

**PLEASE PRINT LEGIBLY**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Street Address

**Sex:**    Male    Female

\_\_\_\_\_  
Street Address Line 2

**Age:** \_\_\_\_\_

\_\_\_\_\_  
City

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
State                      Zip Code

**Phone Number(s)**

\_\_\_\_\_  
Home                                      Work                                      Mobile

**Information about the Incident**

Location:  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address

Time: \_\_\_\_\_ AM/PM (Please Circle)

\_\_\_\_\_  
Street Address Line 2

\_\_\_\_\_  
City





MONTGOMERY COUNTY SHERIFF'S OFFICE  
Compliment Form

Name of Sheriff's Office Employee:

Badge # (if known): \_\_\_\_\_

\_\_\_\_\_

Name of Second Employee:

Badge # (if known): \_\_\_\_\_

\_\_\_\_\_

Nature of Action: Check all that apply

	Yes	No
Extremely Helpful	<input type="checkbox"/>	<input type="checkbox"/>
Very Caring/empathetic	<input type="checkbox"/>	<input type="checkbox"/>
Did a great job	<input type="checkbox"/>	<input type="checkbox"/>
Made an extra effort	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Facts:

Describe in detail the action(s) of the officer(s) that led you to file this compliment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Please return to:  
Sheriff Jeffery T. Smith  
Montgomery County Sheriff's Office  
200 Clark Drive/ PO Box 432  
Fultonville, NY 12072

