

YORK COUNTY SHERIFFS OFFICE
TOWN OF WATERBORO
CITIZEN COMPLAINT FORM

NAME: _____
(You may remain anonymous if you wish)

ADDRESS: _____

PHONE # _____

NATURE OF COMPLAINT: _____
(I.e. Vandalism, Trespass, Littering, Harassment)

BEST TIME TO CALL: _____

PLEASE DETAIL YOUR COMPLAINT BELOW. THIS WILL BE FORWARDED TO SERGEANT
DAVE CHAUVETTE FOR INVESTIGATION. HE WILL GET BACK TO YOU WITHIN A
REASONABLE AMOUNT OF TIME AS FOLLOW UP TO YOUR COMPLAINT.

COMMUNITY ORIENTED POLICING

**WORKING TOGETHER TO MAKE WATERBORO A
SAFER COMMUNITY**