

NIAGARA COUNTY PROBATION DEPARTMENT 111 Main Street, Suite 201 Lockport, NY 14094

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## **CITIZEN'S COMMENT FORM**

The Niagara County Probation Department strives to provide the best possible service to the citizens of Niagara County. Citizens are encouraged to bring forward positive comments, as well as legitimate concerns, regarding the Office or misconduct by Probation personnel.

DATE:	-				
AME: ADDRESS:					
CITY:	STATE:	ZIP:	PHONE:		
Please write your comments, may use additional pages as		ation such as dat	es, times, names,	enter all no's inc. area code) , location, etc. You	
DATE/TIME OF OCCURRENCE:					
LOCATION OF OCCURRENCE	:				
NAME(S) OF MEMBER(S) INVO	LVED				
FACTS:					
signature:			DATE:		
	For Dopartmo	at lice only			
Name of Receiving Supervisor Time Received:	_ Received by: (check 1) Mail	Ph	Date:	In Person	
Supervisor's Comments/Actions:					
Cannot be resolved at this level. Fo	prwarded to Probation Director		C	Date:	
Supervisor's Signature:		Received by Director Date:			
Director's Comments/Action:					