



## ShAdCo Monthly Meeting Comment / Complaint Form E Sector

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

Comment / Complaint (Please Indicate)

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), time(s) and nature of activities).

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Previously reported complaint? ☐ Yes ☐ No ☐ Unknown

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

If yes, please complete the following:

Name (First and Last): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Best Time to Call: ☐ A.M. ☐ P.M.

Mail to: Zone 2 Substation 9501 Arlington Expy Suite #445, Jacksonville, FL 32225 (904)726-5100  
Fax (904)726-5103

Webmail Address: [jsozone2@jaxsheriff.org](mailto:jsozone2@jaxsheriff.org)

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Coordinating Lieutenant/Sergeant: \_\_\_\_\_

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

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

Officer(s) Assigned: \_\_\_\_\_

Complaint Completed: ☐ Yes ☐ No

\*\*\* Note: Please place completed form in Z-4 Secretary's in-box. \*\*\*