



**PUTNAM COUNTY SHERIFF'S OFFICE**

Attn: Command Staff  
3 County Center  
Carmel, New York 10512  
845-225-4300

**SHERIFF**  
**Robert L. Langley Jr.**

**Quality of Service Evaluation Form**

**Instructions:** Please take the time to share your thoughts and opinion about the Putnam County Sheriff's Office. We encourage you to provide feedback about a recent experience and your interaction with our member(s). The information you provide is appreciated and will be used to improve the quality of service we provide. Please complete as many of the below fields as possible so that we can properly evaluate your comments. *Personal information will not be disclosed to the public, unless required by law.*

I wish to file a (please check one):  Commendation  Complaint

**Information about you:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Male  Female

**Are you filing this on behalf of someone else?**  Yes  No **If yes, then complete this section.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Male  Female  
What is their relationship to you? \_\_\_\_\_

**Witness Information (if applicable):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Male  Female

**Putnam County Sheriff's Office Employee Information:**

Name and or Badge # \_\_\_\_\_ Car number employee was driving: \_\_\_\_\_  
Name and or Badge # \_\_\_\_\_ Car number employee was driving: \_\_\_\_\_

**Provide your comments in the space provided below. Please tell us if you prefer to be contacted by a supervisor.**

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*\* Email completed form to [commandstaff@putnamcountyny.gov](mailto:commandstaff@putnamcountyny.gov) - OR - print and mail to the address listed above*

**FOR DEPARTMENT USE ONLY**    **Date and Time received:** \_\_\_\_\_    **Initials:** \_\_\_\_\_    **Event #:** \_\_\_\_\_