



NIAGARA COUNTY PROBATION DEPARTMENT
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Amanda Shirback
Family Court Supervisor, Niagara Falls

Susan Woock
Supervisor, N. Tonawanda
Family Court Supervisor, Lockport

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: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
(enter all no's inc. area code)

Please write your comments, including all pertinent information such as dates, times, names, location, etc. You may use additional pages as needed.

DATE/TIME OF OCCURRENCE: _____

LOCATION OF OCCURRENCE: _____

NAME(S) OF MEMBER(S) INVOLVED _____

FACTS:

SIGNATURE: _____ DATE: _____

For Department Use only

Name of Receiving Supervisor _____ Date: _____
Time Received: _____ Received by: (check 1) Mail _____ Phone _____ In Person _____

Supervisor's Comments/Actions: _____

Cannot be resolved at this level. Forwarded to Probation Director _____ Date: _____

Supervisor's Signature: _____ Received by Director Date: _____

Director's Comments/Action: _____

Director's Signature: _____