



## ***TAZEWELL COUNTY CONSOLIDATED COMMUNICATIONS FEEDBACK FORM***

### **Complaint:**

In order to preserve the public trust as well as the integrity of the TC3 employees and centers, TC3 will fairly and impartially investigate complaints and allegations of employee misconduct. To that end, the TC3 will accept and adjudicate complaints of employee misconduct in a consistent and timely manner pursuant to contract and or policy as set forth in the employee handbook or contract.

Upon filing a complaint, it will become an official record. This document will be forwarded to the appropriate personnel who investigate these complaints. Upon conclusion of the investigation, a copy of the complaint as written and the notification to the complainant will be made of pertinent findings by the Director of the TC3 or a representative of its Operations Committee.

### **Acknowledgements:**

We appreciate hearing about your good experiences with TC3 employees as well. Our employees are routinely in contact with people in some of the worst times of their lives and rarely have an opportunity to follow up or hear about positive outcomes. Your comments will go to the employee or center involved and TC3 management. Outstanding events may qualify an employee for an award or commendation.

### **Instructions:**

Those who might feel uncomfortable submitting this form at a TC3 center can obtain a copy of the feedback form to take with you. The form is available online, at client agencies, and in the lobby of the TC3 centers. You may leave the form at a center or email it to [feedback@tazewell911.com](mailto:feedback@tazewell911.com).

If you prefer, you may also file a feedback form by mail. Send the form to:

TC3 Operations Committee Chairman, 1130 Koch St., Pekin, IL 61554.



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**Your Information:**

Name:
Address:
City/State/Zip:
Phone #:
Email:

***How Would You Like Us to Contact You?:***  Phone  Email  In Person

**Witness Information:**

<i>Name</i>	<i>Address</i>	<i>City/State Zip</i>	<i>Phone</i>

**Location / Date / Time of Incident:**

<u>Date</u>	<u>Time</u>	<u>Location</u>

**TC3 Personnel Involved if Known:**




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## ***Description of Incident***

*Please be as specific as possible providing dates, time and locations as applicable. If necessary please use additional paper and attach.*



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*For Office Use Only*

Incident #: \_\_\_\_\_ CAD #: \_\_\_\_\_ Pull Tape:  Yes  No

Hold Master? Yes  No  If yes Hold until: \_\_\_\_\_

Complaint: In Person  By Phone  Email  Remote  Other

Date Received: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Assigned To: \_\_\_\_\_