



Citizen Feedback Form

Date and Time Received:		<input type="checkbox"/> Officer Commendation <input type="checkbox"/> Officer Complaint
Citizen Name:		Phone:
Incident Location:		
Incident Type:		
Employees Involved:		
Form Completed By:		
Reviewed By:		Date:
Assistant Chief of Review:		
Chief of Police Review:		

Incident Details:

Disposition for Complaints				
Complaint Category	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Policy Violation List Policy:	<input type="checkbox"/> Interpersonal Communications Related to: <input type="checkbox"/> Enforcement Action <input type="checkbox"/> Other:	
Findings	<input type="checkbox"/> Unfounded (the allegation was false or devoid of fact)	<input type="checkbox"/> Exonerated (the act occurred but was lawful and within policy)	<input type="checkbox"/> Not Sustained (the evidence was insufficient to either prove or disprove the allegation)	<input type="checkbox"/> Sustained (the evidence was sufficient to prove the allegation)