



CITIZEN COMPLIMENT/COMPLAINT FORM

Time and date of action observed: _____

Location of action observed: _____

If known, employee(s) name or description: _____

If known, vehicle number(s) or description: _____

Your name (optional): _____

(Anonymous complaints may limit our ability to properly investigate complaints.)

Your contact phone number (optional): _____ Your email (optional): _____

Your observations: _____

Please continue on a separate sheet of paper and attach any pertinent documents, photos, emails, etc.

OFFICE USE ONLY

Form received by: _____ Date/Time: _____ How received: _____