**Public Comment Form Today’s Date**:

**For**:

Police  Administration  Patrol Division  Other City Service

Records Div./Civil Process  Comms. Div/Dispatch  Investigations  Property/Evidence

**Type**:

Compliment  Complaint  Comment

**Regarding** *(check all that apply)*:

Quality or Level of Service  Type of Service  Timeliness  Misconduct

Employee  Agency  General  Other:

**Action Requested**:

Request Follow-up  Pass along the information  No Action Requested  Other:

**Name of Reporting Party:**       **Phone:**

**Address:**

**Location of Event / Incident:**       **Date of Reported Event / Incident:**       **Time:** **AM  PM**

|  |
| --- |
| **Details** |
|  |

*\* All complaints will be reviewed and processed in accordance with Omak Police Department policy.*

|  |  |
| --- | --- |
| ***Please list names and contact info for other involved persons.*** | |
| **Name: (First, Last, MI)** | **Contact Information: (Phone numbers, addresses, etc).** |
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**Internal Use Only**:

Completed by:       Position:       Date:

**Action Taken:**

Information Only  Unfounded  Exonerated  Not sustained  Sustained **Form #(from log):**