ASTORIA POLICE DEPARTMENT

Citizen Feedback

TODAY'S DATE:

☐ COMMENDATION ☐ COMPLAINT ☐ OTHER _____

As a government agency charged with protecting the public and enforcing the law, the Astoria Police Department strives to provide the highest level of customer service possible. We value the opinions of the public we serve in order to help us achieve this standard. By providing your input, positive or negative, we can learn where our efforts are hitting the mark and where we might need to focus our attention to improve the service we provide to the residents and the visitors of the City of Astoria. If you are filing a complaint, you may make your submission anonymously, if you choose, and we will do our best to investigate the incident.

SUBMITTER'S NAME:	DATE OF BIRTH:	HOME PHONE:
HOME ADDRESS:		CELL PHONE:

DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:

POLICE EMPLOYEE'S NAME:	VEHICLE INVOLVED (IF ANY):

WITNESS NAME:	PHONE:
ADDRESS:	

WITNESS NAME:	PHONE:
ADDRESS:	

TYPE OF FEEDBACK

DESCRIBE IN A FEW WORDS WHAT TYPE OF FEEDBACK YOU ARE PROVIDING

DETAILED SYNOPSIS

IN THE SPACE BELOW, PLEASE PROVIDED A THOROUGH ACCOUNT OF YOUR EXPERIENCE / USE ADDITIONAL SHEETS IF NEEDED

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CONTINUATION OF DESCRIPTION OF THE INCIDENT / USE MORE SHEETS IF NEEDED

CERTIFICATION OF SUBMISSION:

I certify that, to the best of my knowledge and belief, the information contained on this form is true and correct. By signing this form I acknowledge that I am aware that it is a crime for making a false statement and such false statements may be punishable by criminal penalties.

SUBMITTER'S SIGNATURE:	DATE:

REPORT RECEIVED BY:	DATE:	TIME: