



ALLENTOWN POLICE CITIZEN FEEDBACK FORM



CONTACT INFORMATION			
NAME			
ADDRESS			
HOME PHONE	()	CELL PHONE	()

INVOLVED OFFICER:

NAME: _____ BADGE #: _____

NATURE OF FEEDBACK (Please provide brief description)

Complementary

Misconduct

****OFFICIAL USE ONLY****

RECEIVED BY:		BADGE # :	DATE:
SUPERVISOR RECEIVING COMPLAINT:		BADGE # :	DATE:
FORWARDED TO SHIFT COMMANDER (name):		DATE:	
FORWARD COPY TO CAPTAIN (name) :		DATE:	
ENTERED OPS INTO BLUE TEAM (date):			

**ALLENTOWN POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS
425 HAMILTON ST, ALLENTOWN, PA 18101
610.437.5968**