



LANGLEY POLICE DEPARTMENT

FEEDBACK FORM

I wish to report a (please check one): Compliment Question Complaint

INFORMATION ABOUT REPORTING PERSON

Last Name: _____ First Name: _____ Today's Date: _____

Address: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Email: _____

Please list additional witnesses on the reverse side of this sheet

INFORMATION ABOUT INCIDENT

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Officers/Employees Involved (Name, Physical Description, Badge #, License Plate, etc.):

DETAILS OF INCIDENT (Additional incident description of reverse side):

You may return this form to the Langley Police Department in person or by mail. Feedback may also be provided at our website or by phone.

Langley Police Department, 112 2nd St, Langley, WA 98260

NOTICE TO COMPLAINANTS: Any complaints will be brought to the attention of the supervisor who will review the complaint and ensure that the complaint is investigated. Upon completion of the investigation the complaint and investigation will be forwarded to the Mayor for review. A representative of the Langley Police Department will notify you of the disposition of your complaint.

Signature: _____ Date: _____

WITNESSES/OTHERS INVOLVED (Use additional sheets if necessary)

Last Name: _____ First Name: _____

Address: _____

Phone(Home): _____ Phone (Work): _____ Phone (Cell): _____

Email: _____

Additional incident description:

POLICE DEPARTMENT USE ONLY

Form received by: _____ Date and Time: _____

Assigned Supervisor: _____ Date and Time: _____