

**Middlebury Police Department
Citizen Feedback Form**

Use this form for compliments, comments, complaints, concerns on police employee or police practices.

On completion, submit this form electronically to admin@middleburypolice.org or forward to Chief of Police, Middlebury Police Department, 1 Lucius Shaw Lane, Middlebury, VT 05753. You may also drop the completed form off at the police department at 1 Lucius Shaw Lane.

Date of Event Time of Event Date/time you are making this report

Where did this happen? (Be as specific as you can)

Your Full Name: _____ Your Birth Date: _____

Do you wish to be contacted? Y N

The following information will help us get back to you:

Your Street Address State Zip code

E-Mail Address: _____

A phone or cell number (with area code) where we can reach you: _____

employee(s) subject to your report (name if known) Car # Badge # _____ Police

Describe the employee if you don't know their name

WITNESSES:

Name	Street Address	State	Zip Code	Contact Information
_____ Name	_____ Street Address	_____ State	_____ Zip Code	_____ Contact Information
_____ Name	_____ Street Address	_____ State	_____ Zip Code	_____ Contact Information

Was all or any of part of this event recorded by anyone? Y N If so, who,
by whom? _____

Are you concerned for your safety or that of any other person, for making this report? Y N

Has anyone threatened you or otherwise tried to intimate you in an effort to prevent you from making this report? Y N

Are you able to read, write, and speak the English language? Y N

Do you need language assistance, and if so what language? Y N _____

Please describe above the event you are reporting in detail. You may attach or include any supporting documentation or any additional pages as necessary.

I have read, or had read to me, the above and all attachments. The information I am reporting is the truth to the best of my knowledge.

Your Signature _____ Date _____ AM PM
Time

If completed electronically, print your full name above and check this box certifying this is your electronic signature. **ADMINISTRATIVE SECTION BELOW**

Person Receiving Report: _____ Date/time received: _____
Signed: _____
Report transmitted to: _____ Date/time transmitted: _____
Received by Chief of Police: _____ Date and time: _____