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 ha	ppen? (Be as specific as you can)				
Your Full Name:		Your Birth Date:		<u> </u>	
Do you wish to be	contacted? Y N				
The following info	rmation will help us get back to yo	ou:			
Your Street Address		State	Zip code	Zip code	
E-Mail Address: _					
A phone or cell nu	ımber (with area code) where we	can reachyou:	:		
Police employee(s	s) subject to your report (name if k	nown)		Badge #	
Describe the emp	loyee if you don't know their nam	e			
Name	Street Address	State	Zip Code Contact Ir	nformation	
Name	Street Address	State	Zip Code Contact Ir	nformation	
Name	Street Address	State	Zip Code Contact In	formation	
	part of this event recorded by anyone.				
Are you concerne	d for your safety or that of any oth	ner person, for	r making this report?	Y N	
Has anyone threa report? Y N	tened you or otherwise tried to in	timate you in a	an effort to prevent y	ou from making	

1.32 Citizen Feedback – Page 2 of 2

Are you able to read, write, and speak the Do you need language assistance, and if so					
Do you need language assistance, and it so					
Please describe above the event you are r documentation or any additional pages as	-	ttacii di iliciu	ue any	supporting	
I have read, or had read to me, the above to the best of my knowledge.	and all attachments. The info	ormation I am	report	ing is the truth	
			AM	PM	
Your Signature	Date	Time			
If completed electronically, print your full	name above and check this k	oox certifying	this is v	your electronic	
signature.					
ADMINIST	TRATIVE SECTION BELOW				
Person Receiving Report:	Date/time	received:			
Signed:					
Report transmitted to:	Date/time				
Received by Chief of Police:	Date and ti	ıme:			