



METROPOLITAN POLICE DEPARTMENT | WASHINGTON, DC

CITIZEN FEEDBACK FORM

As a government agency charged with protecting the public and enforcing the law, the Metropolitan 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 stan-

dard. 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 hundreds of thousands of residents and visitors we encounter each year.

Tell Us About Your Encounter/Incident

TODAY'S DATE	POLICE DISTRICT (INCLUDE ADDRESS IF UNKNOWN)
<input type="checkbox"/> COMMENDATION	<input type="checkbox"/> COMPLAINT
DATE OF INCIDENT	TIME OF INCIDENT
SUPERVISOR RECEIVING FORM	DATE AND TIME RECEIVED

Tell Us About You

SUBMITTER'S NAME (LAST, FIRST MIDDLE)		
HOME STREET ADDRESS	APT. NO.	
CITY	ZIP CODE	
PHONE (HOME)	(BUSINESS)	EMAIL ADDRESS

Describe the Commendation or Complaint

NATURE OF COMMENDATION OR COMPLAINT GIVE A BRIEF DESCRIPTION OF THE REASON FOR YOUR COMPLETING THIS FORM TODAY. PROVIDE DETAILS IN THE SPACE PROVIDED ON THE REVERSE SIDE

MEMBERS INVOLVED IN THE SPACE BELOW, PLEASE PROVIDE NAME, RANK/ASSIGNMENT, BADGE NUMBER, AND VEHICLE (IF KNOWN) OF MEMBERS INVOLVED IN THIS INCIDENT OR ENCOUNTER

NAME OF MEMBER A	RANK/ASSIGNMENT	BADGE NO.	VEHICLE NUMBER
NAME OF MEMBER B	RANK/ASSIGNMENT	BADGE NO.	VEHICLE NUMBER
NAME OF MEMBER C	RANK/ASSIGNMENT	BADGE NO.	VEHICLE NUMBER
NAME OF MEMBER D	RANK/ASSIGNMENT	BADGE NO.	VEHICLE NUMBER
NAME OF MEMBER E	RANK/ASSIGNMENT	BADGE NO.	VEHICLE NUMBER

WITNESSES IN THE SPACE BELOW, PLEASE PROVIDE NAME, ADDRESS, AND PHONE NUMBER OF ANY WITNESS TO THE INCIDENT (IF APPLICABLE)

NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS
NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS
NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS
NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS

Type of Commendation

MAKE MORE THAN ONE SELECTION, AS NEEDED. INDICATE SPECIFIC MEMBER FOR EACH TYPE BY MATCHING WITH THE LETTER NEXT TO THEIR NAME ABOVE. PROVIDE ADDITIONAL DETAIL BY COMPLETING THE NARRATIVE ON THE REVERSE.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> COURTESY | <input type="checkbox"/> JOB KNOWLEDGE | <input type="checkbox"/> COMMUNITY PROBLEM SOLVING | <input type="checkbox"/> ASSISTANCE TO CIVIC GROUP(S) |
| <input type="checkbox"/> PROFESSIONALISM | <input type="checkbox"/> ASSISTANCE TO FAMILY | <input type="checkbox"/> FOLLOW-UP AFTER CALL | <input type="checkbox"/> HELP WITH DIRECTIONS/ORIENTATION |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) | | | |

Type of Complaint

MAKE MORE THAN ONE SELECTION, AS NEEDED. IF MORE THAN MEMBER, INDICATE BY MATCHING WITH THE LETTER NEXT TO THE MEMBER'S NAME ABOVE. YOU **MUST COMPLETE** THE NARRATIVE ON THE REVERSE. **NOTICE: MAKING A FALSE STATEMENT IS PUNISHABLE BY CRIMINAL PENALTIES (DC CODE, §22-2514)**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> DISCOURTESY | <input type="checkbox"/> MISCONDUCT | <input type="checkbox"/> DEPARTMENT/CITY POLICY VIOLATION | <input type="checkbox"/> FAILURE TO TAKE APPROPRIATE ACTION |
| <input type="checkbox"/> UNLAWFUL ARREST | <input type="checkbox"/> IMPROPER USE OF POLICE VEHICLE | <input type="checkbox"/> EMPLOYEE PROCEDURE | <input type="checkbox"/> EXCESSIVE FORCE (SEE REVERSE) |
| <input type="checkbox"/> HARASSMENT | <input type="checkbox"/> LEGAL INFRACTION | | |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) | | | |

