



# 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 standard. 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. If you are filing a complaint, you may make your submission **anonymously** if you choose and we will do our best to investigate the incident.

### Tell Us About Your Encounter/Incident

TODAY'S DATE	POLICE DISTRICT (INCLUDE INCIDENT LOCATION IF UNKNOWN)
<input type="checkbox"/> COMMENDATION	<input type="checkbox"/> COMPLAINT
DATE OF INCIDENT	TIME OF INCIDENT

### Tell Us About You

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

### Describe the Commendation or Complaint

**NATURE OF COMMENDATION OR COMPLAINT** PROVIDE DETAILS IN THE SPACE PROVIDED AND/OR 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 <b>A</b>	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR
NAME OF MEMBER <b>B</b>	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR
NAME OF MEMBER <b>C</b>	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR

**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

### 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.

- COURTESY
- PROFESSIONALISM
- OTHER (PLEASE SPECIFY IN THE SPACE BELOW/CONTINUE ON REVERSE IF NEEDED)
- JOB KNOWLEDGE
- ASSISTANCE TO FAMILY
- COMMUNITY PROBLEM SOLVING
- FOLLOW-UP AFTER CALL
- ASSISTANCE TO CIVIC GROUP(S)
- HELP WITH DIRECTIONS/ORIENTATION

### Type of Complaint

MAKE MORE THAN ONE SELECTION, AS NEEDED. IF MORE THAN ONE MEMBER, INDICATE BY MATCHING WITH THE LETTER NEXT TO THE MEMBER'S NAME ABOVE. PLEASE PROVIDE MORE DETAILS ON THE REVERSE. ADD ADDITIONAL SHEETS IF NECESSARY.

- DISCOURTESY
- TRAFFIC VIOLATION
- DISCRIMINATION
- FAILURE TO TAKE APPROPRIATE ACTION
- EXCESSIVE FORCE
- RETALIATION FOR FILING A COMPLAINT
- UNLAWFUL ARREST
- HARASSMENT
- OTHER (PLEASE SPECIFY IN THE SPACE BELOW/CONTINUE ON REVERSE IF NEEDED)
- IMPROPER USE OF POLICE VEHICLE
- FAILURE TO WEAR NAME BADGE/DISPLAY ID

