



# SCAPPOOSE POLICE DEPARTMENT SERVICE COMMENT REPORT

TYPE OF SERVICE COMMENT REPORT:

COMMENDATION  PERSONNEL COMPLAINT  SERVICE COMPLAINT  PROFILING

DATE:	CASE NUMBER:
NAME:	
ADDRESS:	
PHONE:	

## INCIDENT INFORMATION

DATE:	TIME:	LOCATION:
EXPLANATION OF INCIDENT:		

## WITNESS INFORMATION

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO PARTY:

SCAPPOOSE PD EMPLOYEE INVOLVED

NAME:
DPSST:
DESCRIPTION IF UNKNOWN:

SCAPPOOSE PD EMPLOYEE INVOLVED CONT.

NAME:
DPSST:
DESCRIPTION IF UNKNOWN:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY
SIGNATURE OF SUPERVISOR: _____ DATE: _____
RECEIVED VIA:
<input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE
NOTES:
_____
_____
_____
_____
_____
_____
_____
_____

REVIEWED BY CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_