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Citizen Response Form

Date:	Time:	Incident Number:
Location of Incident:		Incident Type:
Reporting Person:		Compliment: _____ Complaint: _____
Phone Number:		Date of Birth:
Home Address (street, city, state, zip):		
Narrative of Incident (Use Back of Page if Necessary):		
Reporting Person (signature):		
SUPERVISORS RECOMMENDATION (check one):		
No Further Investigation Required: _____		Further Investigation Required (please explain)
(use back page if necessary)		
Supervisors Signature:	ID#:	Date:
OPERATION OFFICERS RECOMMENDATION (check one)		
No Further Investigation Required: _____		Further Investigation Required _____ (please explain)
Operations Officer Signature:	ID#:	Date:
No Further Investigation Required:		Further Investigation Required:
(use back page if necessary)		
Closed File:		
Chiefs Signature:	ID#:	Date:

