



St. Helens Police Department

PERSONNEL FEEDBACK FORM

PERSONNEL COMPLIMENT

PERSONNEL COMPLAINT

Feedback Received (date) _____ (time) _____

Reporting Person: Name _____ Date of Birth _____

Reporting Person : Sex _____ Race _____ Phone _____

Reporting Person: Address _____

Work Phone _____ Cellular Phone / Pager _____

Incident Date/Time _____ Location _____

Was Someone Arrested? Yes No

Name of Person Arrested _____

Witnesses Name _____

Witnesses Name _____

Briefly describe the incident/**attach additional sheet(s), if needed.**

I certify and affirm by my signature that the information provided by me for the purpose of making a personnel complaint is true and accurate. I acknowledge that by providing false or fictitious information, I may be subject to criminal prosecution or civil action.

Reporting Party's Signature _____ Date _____

Supervisor Taking Report _____ Date _____ Time _____