

COLLINSVILLE POLICE DEPARTMENT

Service Number: _____

CITIZEN POLICE SERVICE EVALUATION FORM

Date: _____ Time: _____

Complaint/Suggestions Initiated By: Telephone Letter In-Person Citizen CPD Supervisor

COMPLAINANT'S NAME: _____ Race ___ Sex ___ DOB _____

Residential Address: _____ City _____ Phone _____

Business Address: _____ City _____ Phone _____

Complaint Associated With: Arrest Citation Traffic Stop On Call Other: _____

Was Complainant Jailed? Yes No Was Complainant Issued Citation? Yes No

REPORTED CONDUCT [Standard(s) of Conduct Violated/Commendation of Service]

- 1. _____
- 2. _____
- 3. _____

EMPLOYEE'S NAME: _____ ID Number: _____

Incident At _____ Date _____ Time _____

Was the Employee on Duty? Yes No Was the Employee in Uniform? Yes No

COMPLAINT INFORMATION (to be completed by CPD Administration)

- Class I Class II
- IA Investigation First Line Supervisory Investigation

Investigator Assigned: _____ Date _____ Time _____

Findings:

- 1. _____
- 2. _____
- 3. _____

Final Recommendation:

The employee named above (is) (is not) directed to respond in writing to the above allegation(s) to the I.A. Investigator or First Line Supervisor no later than _____.

