Mill Creek
WASHINGTON
POLICE DEPARTMENT

Comment, Compliment, or Complaint

☐ Comment ☐ Compliment ☐ Complaint

Today's Date: _____

Name of involved employee/s: _____

Date of contact of incident: _____

Location of contact or incident: _____

Details of the incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Optional: I wish to be contacted regarding this incident. ☐ yes ☐ no

If yes: Name: _____

Address: _____

Daytime Phone: _____

Email: _____