



KODIAK POLICE DEPARTMENT COMPLIMENT/COMPLAINT FORM



COMPLIMENT COMPLAINT	BY CITIZEN BY DEPT. MEMBER BY ANOTHER AGENCY	CASE NUMBER REF. <i>(IF KNOWN)</i>
NAME OF PERSON REPORTING		ADDRESS OR AGENCY <p style="text-align: center;">Kodiak Police Department</p>
PHONE	DATE	TIME
INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION
EMPLOYEE NAME <i>(IF KNOWN)</i>		BADGE/ID NUMBER
OTHER IDENTIFICATION OF EMPLOYEE <i>(IF ID NOT KNOWN)</i>		
NAME OF PERSON TAKING REPORT	BADGE/ID NUMBER	SIGNATURE OF REPORT TAKER
NATURE & DETAILS OF COMPLIMENT/COMPLAINT		
<i>For administrative use only.</i>		
DOES REPORTING PARTY WANT FOLLOW-UP CONTACT REGARDING DISPOSITION <i>(Circle one)</i> YES NO		
DISPOSITION <i>(Circle One)</i> UNFOUNDED EXONERATED EXCUSED NOT SUSTAINED SUSTAINED		
DISTRIBUTION: 1 – PERSONNEL FILE 2 – CHIEF OF POLICE 3 – EMPLOYEE 4 – CITY HALL		