



SUMMERVILLE POLICE DEPARTMENT

Jon A. Rogers
CHIEF OF POLICE



CITIZEN COMMENT, COMPLAINT OR COMMENDATION FORM

The Summerville Police Department is committed to providing quality service to the businesses, citizens and visitors to the Town of Summerville. We constantly strive to improve that service and as such welcome the opportunity to review our practices.

In order to do so, please fill in the information below to submit your communication to the Office of the Chief of Police. All complaints will be investigated fairly and impartially. All other communications will be reviewed and shared with the appropriate personnel.

TYPE OF COMMUNICATION

_____ Comment _____ Complaint _____ Commendation

CONTACT INFORMATION (Please provide this so we can follow up if necessary)

Name: _____ Contact Number: _____

Address: _____ City: _____

E-Mail: _____ State: _____ Zip Code: _____

EMPLOYEE INFORMATION

Employee Name: _____ Date of Incident: _____

Time of Incident: _____ Location of Incident: _____

Description of Incident or Comments (Attach additional pages if needed): _____

What would you feel would be a fair resolution to the situation that occurred? _____

Submitted By Signature

Received By Signature

Date Submitted: _____

Date Received: _____