

# Citizen / Police Comment Form

Mount Vernon Police Department

*The Mount Vernon Police Department strives to provide the highest level of service to the community.*

*We believe we can better serve the community through citizen involvement, and encourage your comments and input regarding our agency.*

*Be assured your comments and/or complaints will be thoroughly reviewed by the Office of the Chief of Police.*

*We value your feedback and thank you for allowing us to serve you.*

*Respectfully,*

*Jerry L. Dodd  
Chief of Police*

Your Name		Home Telephone
Home Address		Work Telephone
1. Witness	Home Address	Telephone
2. Witness	Home Address	Telephone
Date and Time of Incident		Location of Incident
1. Officer involved		Officer involved
Comment or Complaint in Detail		

<p>I understand that initiating a false complaint may result in my being charged with "False Reporting" (MVMC 9.08.040). I certify that all information is true and correct.</p> <p>_____</p> <p>Signature Required</p>	<p>Comment/Complaint Resulted From:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____ Officer Contact</td> <td style="border: none;">_____ Radio Call</td> </tr> <tr> <td style="border: none;">_____ Investigation</td> <td style="border: none;">_____ Telephone</td> </tr> <tr> <td style="border: none;">_____ Arrest</td> <td style="border: none;">_____ Other (be specific)</td> </tr> <tr> <td style="border: none;">_____ Crime Victim</td> <td></td> </tr> <tr> <td style="border: none;">_____ Traffic Contact</td> <td></td> </tr> </table>	_____ Officer Contact	_____ Radio Call	_____ Investigation	_____ Telephone	_____ Arrest	_____ Other (be specific)	_____ Crime Victim		_____ Traffic Contact	
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