## **CANTON POLICE DEPARTMENT**

## **Citizen Feedback**

## **Type of Incident**

☐ Commendation

☐ Inquiry/Comment/Complaint	
Officer or Employee (if applicable/if known):	Name of person making report:
Location of Incident:	Address:
Date and Time of Incident:	Phone or Contact Information:
Please provide a description of the incident: (include any supporting documents or additional pages as needed)	
	_
Report Writer Signature:	Date:

Forward original document to Chief of Police at:

Report Received By: \_\_\_\_\_\_\_Date:\_\_\_\_\_

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