

Florence Police Department

Citizen Response Form



The Florence Police Department strives to maintain a professional image and treat citizens fairly. Every citizen shall have opportunity to provide feedback regarding the conduct of any Florence Police Department employee. This form allows you to either **compliment** an employee or file a **complaint** against an employee.

After completing this form you may submit it electronically, deliver it to the police department in person, or print it then fax or mail it.

Mailing address:
Florence Police Department
Internal Affairs
702 S. Seminary St.
Florence, AL 35630

Fax #: 256-760-6318
Email: citizenresponse@florenceal.org

COMPLETING THIS FORM:

In order for the Police Department to best follow up on your feedback, you will need to complete all sections of this form. If you have any questions, you can call 256-768-2728 to request assistance. You may also request a supervisor to assist you in completing this form if you prefer.

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Today's Date:

Complaint:

Compliment/Commendation:

Full Name:

Date of Birth:

Street Address:

City, State:

ZIP:

Phone Number:

Email Address:

Date of Incident:

Time of Occurrence:

Location of Incident:

List names, badge numbers, description of officers or Vehicle Numbers involved:

List of Witnesses Involved. Provide Full Name, Addresses, Phone Numbers. Or write "NONE"

Were you arrested? Please provide details of arresting officer and charges below:

Were you injured? Please describe your injuries below. Include the name of the medical doctor and medical institution who treated you.

Were you issued a citation? If yes, please provide the details below:

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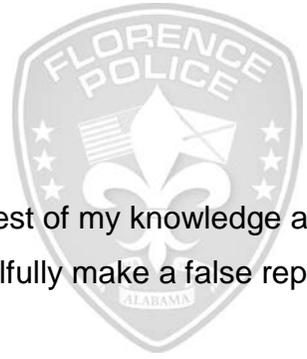


Would you like to commend or compliment an officer? Please include all the details below:

Please provide additional narrative in specific detail below:

What follow up action do you think is appropriate for this officer(s)?

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I do hereby affirm the foregoing information is true and complete to the best of my knowledge and belief. I understand that it is a violation of Alabama law (13A-11-11) to willfully make a false report.

Complainant's name or Signature: _____

Date: _____

FPD Staff only:

| Reviewer Acknowledgement: | | Notes |
|---------------------------|--|-------|
| Supervisor: | | |
| Internal Affairs: | | |

The Florence Police Department takes your comments seriously. A supervisor and/or Internal Affairs investigator will contact you upon receipt of this document. You may also call 256-760-6500 during regular business hours.