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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mount holyoke college**  **PUBLIC SAFETY AND SERVICE**  **CITIZEN COMMENDATION / COMPLAINT FORM** | | | | | | | | |  |
| **Instructions: Please provide as much information about the interaction with the officer/employee. Specific information about the date, time, and location will help in locating computer-based information if you do not know the employee’s name. Note that a complaint can be made anonymously, however that limits the department’s ability to obtain further information from you and to follow up with you upon completion of the review.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Involved Officer/Employee(s) Information (if applicable):** | | | | | | | | | | |
| **Name:** | |  | | | | | | | | |
| **Name:** | |  | | | | | | | | |
| **Person Making the Complaint/Commendation:** | | | | | | | | | | |
| **Name:** | |  | | | | | **Phone:** |  | | |
| **Address:** | |  | | | | | | | | |
|  | | | | | | | | | | |
| **I would like to make a (check one):** | | | | | **Commendation  Complaint** | | | | | |
| **Date of Contact:** | | | |  | | **Approximate Time:** | | |  | |
| **Location Contacted:** | | | |  | | | | | | |
| **Reason for the Complaint/Commendation: (attach additional pages if needed):** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Witness Information:** | | | | | | | | | | |
| **Name:** | | |  | | | | **Phone:** |  | | |
| **Address:** | | |  | | | | | | | |
|  | | | | | | | | | | |
| **Name:** | | | |  | | | **Phone:** |  | | |
| **Address:** | | | |  | | | | | | |

**Submitted by: Date:**

**Please return the completed form to Public Safety and Service in-person, inter-office mail, or email:**

**SUPERVISOR USE ONLY:**

**Received by: Date:**

**Supervisor Notes:**

**Director Raymond LaBarre: rlabarre@mtholyoke.edu**