

EMPLOYEE CONDUCT FORM

 <p>Ketchikan Police Department 361 Main Street Ketchikan, AK 99901 (907) 225-6631</p>	TYPE OF NOTICE (select one) <input type="checkbox"/> Compliment <input type="checkbox"/> Complaint
---	--

The Ketchikan Police Department is committed to providing quality police services. Constructive comments will help us improve our delivery of service. Please take a moment to provide information regarding your interaction with our Officers/Employees.

Your Full Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Preferred Contact Method: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Name(s) of Employees(s) Involved *(if Unknown, use the Details section to provide further description of the employee.)*

Name: _____ Badge Number: _____ Vehicle Number: _____

Name: _____ Badge Number: _____ Vehicle Number: _____

Name: _____ Badge Number: _____ Vehicle Number: _____

Name(s) of Witness(es) Present at the time of occurrence:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Reason(s) for the contact with the employee(s) *(check all that apply):*

Response to Your Call Traffic Stop Traffic Collision Witness in Investigation

Visit with Investigator Visit to Office / Dept. Your Arrest Other *(explain below)*

Details:

Your Signature: _____ Date: _____

(Continue on back if necessary)