

Citizen / Police Comment Form

Mount Vernon Police Department

Your Name	Home Telephone
Home Address	Work Telephone
1. Witness	Home Address Home Telephone
2. Witness	Home Address Home 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><input type="checkbox"/> Officer Contact</td> <td><input type="checkbox"/> Radio Call</td> </tr> <tr> <td><input type="checkbox"/> Investigation</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> Arrest</td> <td><input type="checkbox"/> Other (be specific)</td> </tr> <tr> <td><input type="checkbox"/> Crime Victim</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Traffic Contact</td> <td></td> </tr> </table>	<input type="checkbox"/> Officer Contact	<input type="checkbox"/> Radio Call	<input type="checkbox"/> Investigation	<input type="checkbox"/> Telephone	<input type="checkbox"/> Arrest	<input type="checkbox"/> Other (be specific)	<input type="checkbox"/> Crime Victim		<input type="checkbox"/> Traffic Contact	
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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.

Respectfully,

Christopher E. Cammock
Chief of Police