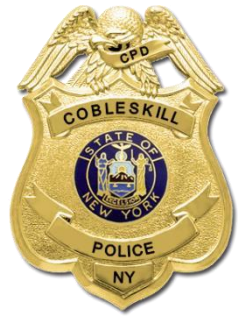




Cobleskill Police Department

378 Mineral Springs Road
Cobleskill NY 12043
(518) 234-2923



Chief of Police James McCrum

SERVICE EVALUATION FORM

Instructions: In an effort to better serve the community that we are sworn to protect, the Cobleskill Police Department encourages input from anyone who has an opinion on the service they received from the Cobleskill Police Department. Please take the time to answer as many questions below as possible so that we may properly document and evaluate your comments. Once completed, you can mail this form via USPS to the address above or send it attached to an email to jmccrum@cobleskill.org.

I wish to file a (please check one): Commendation Complaint

Information about you:

Your Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Are you filing this on behalf of someone else? Yes No

If yes, then please complete the following section:

Person's Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

What is this person's relationship to you? _____

Witness information (if applicable):

Witness' Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

(Continued on next page)

Cobleskill Police Department Employee Information:

Employee Name and/or Badge Number: _____ Car Number: _____

Employee Name and/or Badge Number: _____ Car Number: _____

Employee Name and/or Badge Number: _____ Car Number: _____

Please provide a brief description of what happened, or please indicate if you would prefer to be contacted directly by the Cobleskill Police Department:

When completed, please print or save this form and either mail it to the address above via USPS or email it to jmccrum@cobleskill.org. Thank you for your input. You should be contacted by a supervisor within 24 hours after we receive this form.

FOR DEPARTMENT USE ONLY:

Receiving officer: _____ Date and time received: _____ Initials: _____