



COMMUNITY FEEDBACK FORM

NAME: _____ BIRTH DATE: _____
(First, Middle, Last)

ADDRESS: _____ HOME PHONE: (_____) _____
WORK PHONE: (_____) _____

☐ I wish to remain anonymous

MY FEEDBACK IS ABOUT: (if known)

OFFICER/EMPLOYEE(S): _____

BADGE NUMBER(S): _____

I wish to provide feedback as a result of an incident which occurred:

DATE: _____ TIME: _____ LOCATION: _____

Please explain in detail what happened and what the officer(s)/employee(s) did that initiated your feedback. Please use the back of this form or additional sheets of paper if necessary.

Type of Feedback:

☐ **Commendation:** Every day the Black Hawk College Police Department works hard to improve the safety and quality of life of our campus community by earning the trust of those we serve, forming partnerships, encouraging innovative problem-solving and keeping the peace. The Black Hawk College Police Department welcomes commendations for police personnel who admirably perform their duties.

☐ **Service Comment:** We strive each day to provide Black Hawk College with the best possible service. If you wish to provide comments or suggestions related to the level and quality of customer service and/or performance of an officer, we welcome and appreciate your feedback.

☐ **Complaint:** The Black Hawk College Police Department recognizes from time to time, occasions occur where individuals will have cause to make a complaint concerning an officers' conduct, an officers' behavior, or a departmental policy or procedure. The Black Hawk College Police Department will conduct a thorough inquiry, and you will be notified when the inquiry has been completed. If allegations against the officer/employee are sustained, the Black Hawk College Police Department cannot release to you any type of disciplinary action taken. The inquiry may also conclude that the officer/employee acted properly or that there is not enough information to prove or disprove the allegations.

I understand that this feedback will be submitted to the Black Hawk College Police Department and will be reviewed. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I agree to fully cooperate with any inquiry as a result of a complaint submission and agree to appear at any civil or criminal proceeding if necessary. I also understand that any intentional false statements made by me, may be cause for criminal and/or civil proceedings against me.

Date: _____ Signature (optional): _____

Parent or Guardian if under 18 years of age: _____

Please return this form to: Black Hawk College Police Department
6600 34th Avenue Building #3
Moline, IL 61265