

CHESTER POLICE DEPARTMENT

84 Chester Street
Chester, N.H. 03036-4305
chesterpd@chesternhpolice.org



Office (603) 887-2080
Fax (603) 887-2090
Emergency 9-1-1

Chief of Police
Aaron P. Berube

CITIZEN FEEDBACK FORM

As the Department that is charged with protecting the public and enforcing the law, the Chester Police Department strives to provide the highest level of customer service possible. We value the opinions of the public we serve and together you help us achieve this standard. If you are filing a complaint, you may make your submission anonymously if you wish to do so, and we will do our best to investigate the complaint.

Tell Us About Your Encounter/Incident

TODAY'S DATE	POLICE DISTRICT (INCLUDE INCIDENT LOCATION IF UNKNOWN)
<input type="checkbox"/> COMMENDATION	<input type="checkbox"/> COMPLAINT
DATE OF INCIDENT	TIME OF INCIDENT

Tell Us About You

SUBMITTER'S NAME (LAST, FIRST MIDDLE)			
HOME STREET ADDRESS			APT/SUITE NO
CITY		STATE	ZIP CODE
PHONE HOME	BUSINESS	CELL	EMAIL ADDRESS

Describe the Commendation or Complaint

NATURE OF COMMENDATION OR COMPLAINT PROVIDE DETAILS IN THE SPACE PROVIDED AND/OR ON THE REVERSE SIDE.

MEMBERS INVOLVED IN THE SPACE BELOW, PLEASE PROVIDE NAME, RANK/ASSIGNMENT, BADGE NUMBER, AND VEHICLE (IF KNOWN) OF MEMBERS INVOLVED IN THIS INCIDENT OR ENCOUNTER.

NAME OF MEMBER A	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR
NAME OF MEMBER B	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR
NAME OF MEMBER C	RANK/ASSIGNMENT	RACE	SEX
BADGE NO.	VEHICLE NUMBER	VEHICLE MAKE AND MODEL	VEHICLE COLOR

WITNESSES IN THE SPACE BELOW, PLEASE PROVIDE NAME, ADDRESS, AND PHONE NUMBER OF ANY WITNESS TO THE INCIDENT (IF APPLICABLE)

NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS
NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS
NAME OF WITNESS	ADDRESS (<input type="checkbox"/> HOME OR <input type="checkbox"/> WORK)	PHONE NUMBER (HOME/WORK/CELL)	EMAIL ADDRESS

Type of Commendation

MAKE MORE THAN ONE SELECTION, AS NEEDED. INDICATE SPECIFIC MEMBER FOR EACH TYPE BY MATCHING WITH THE LETTER NEXT TO THEIR NAME ABOVE
PROVIDE ADDITIONAL DETAIL BY COMPLETING THE NARRATIVE ON THE REVERSE.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> COURTESY | <input type="checkbox"/> JOB KNOWLEDGE | <input type="checkbox"/> COMMUNITY PROBLEM SOLVING | <input type="checkbox"/> ASSISTANCE TO CIVIC GROUP(S) |
| <input type="checkbox"/> PROFESSIONALISM | <input type="checkbox"/> ASSISTANCE TO FAMILY | <input type="checkbox"/> FOLLOW-UP AFTER CALL | <input type="checkbox"/> HELP WITH DIRECTIONS/ORIENTATION |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY IN THE SPACE BELOW/CONTINUE ON REVERSE IF NEEDED) | | | |



CITIZEN FEEDBACK FORM

Type of Complaint

MAKE MORE THAN ONE SELECTION, AS NEEDED. IF MORE THAN ONE MEMBER, INDICATE BY MATCHING WITH THE LETTER NEXT TO THE MEMBER'S NAME ABOVE.
PLEASE PROVIDE MORE DETAILS ON THE REVERSE. ADD ADDITIONAL SHEETS IF NECESSARY.

- DISCOURTESY
- FAILURE TO TAKE APPROPRIATE ACTION
- UNLAWFUL ARREST
- IMPROPER USE OF POLICE VEHICLE
- TRAFFIC VIOLATION
- EXCESSIVE FORCE
- HARASSMENT
- FAILURE TO WEAR NAME BADGE/DISPLAY ID
- DISCRIMINATION
- RETALIATION FOR FILING A COMPLAINT
- OTHER (PLEASE SPECIFY IN THE SPACE BELOW/CONTINUE ON REVERSE IF NEEDED)

DETAILS OF YOUR INTERACTION

Certification of Submission

I certify that, to the best of my knowledge and belief, the information contained on this form is true and correct.
NOTICE: MAKING A FALSE STATEMENT IS PUNISHABLE BY CRIMINAL PENALTIES – NH RSA 641:3 Unsworn Falsification

SUBMITTER'S SIGNATURE		DATE
OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE		
REPORT RECEIVED BY		
NAME	RANK	DATE/TIME