



SURPRISE POLICE DEPARTMENT

REVIEWABLE ACTION FORM



<input type="checkbox"/> Commendation/Recognition	<input type="checkbox"/> Citizen Concern/Complaint	<input type="checkbox"/> Internal Concern/Complaint
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Date:	Time:	PSU#
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SPD Incident #:	
Incident Date/Time:	Location:

CITIZEN CONTACT INFORMATION			
Name:			
Address:	City:	State:	Zip:
Home:	Cell:	Email:	

SPD PERSONNEL INVOLVED	
Name/PIN:	Name/PIN:
Name/PIN:	Name/PIN:

WITNESSES			
Name:			
Address:	City:	State:	Zip:
Home:	Cell:	Email:	
Please list additional witness information on supplemental page			

SUBMITTED BY	
Name:	PIN:

FOR PROFESSIONAL STANDARDS USE ONLY	
PSU Commander/Designee:	
Date Received:	Assigned Personnel:
Alleged Policy Violation:	Conduct <input type="checkbox"/> Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/>
Alleged Policy Violation:	Conduct <input type="checkbox"/> Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/>
Alleged Policy Violation:	Conduct <input type="checkbox"/> Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/>



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Alleged Policy Violation:	Conduct <input type="checkbox"/>	Performance <input type="checkbox"/>	Attendance <input type="checkbox"/>
	Group 1 <input type="checkbox"/>	Group 2 <input type="checkbox"/>	

COMMENDABLE ACTION / ALLEGATION
Enter text or attach a handwritten citizen concern, comment or commendation



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CITIZEN COMPLAINT/COMMENDATION NARRATIVE (handwritten)

Signature _____

Date _____