SCAPPOOSE POLICE DEPARTMENT
SERVICE COMMENT REPORT

TYPE OF SERVICE COMMENT REPORT:

☐ COMMENDATION ☐ PERSONNEL COMPLAINT ☐ SERVICE COMPLAINT ☐ PROFILING

DATE: CASE NUMBER:
NAME:
ADDRESS:
PHONE:

INCIDENT INFORMATION

DATE: TIME: LOCATION:
EXPLANATION OF INCIDENT:

WITNESS INFORMATION

NAME:
ADDRESS:
PHONE:
RELATIONSHIP TO PARTY:
### SCAPPOOSE PD EMPLOYEE INVOLVED

<table>
<thead>
<tr>
<th>NAME:</th>
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<tbody>
<tr>
<td>DPSST:</td>
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<tr>
<td>DESCRIPTION IF UNKNOWN:</td>
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### SCAPPOOSE PD EMPLOYEE INVOLVED CONT.

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SIGNATURE: _____________________________________ DATE: ______________

### FOR OFFICE USE ONLY

SIGNATURE OF SUPERVISOR: ________________________ DATE: ______________

RECEIVED VIA:
- [ ] MAIL
- [ ] IN PERSON
- [ ] TELEPHONE

NOTES:

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REVIEWED BY CHIEF OF POLICE: ________________________ DATE: ______________