



**Norwich**  
Police



## City of Norwich Police Department

18 E. Main Street  
Norwich, New York 13815  
(607) 334-1212  
norwichpd@norwichpd.org

CHIEF OF POLICE  
Scott A. Burlison

### Service Evaluation Form

**Instructions:** In an effort to better serve the community we are sworn to protect, the City of Norwich Police Department encourages input from anyone who has an opinion on the service they received from the City of Norwich 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 or drop it off at the above address or send as an e-mail to the above e-mail address. Personal information will not be disclosed to the public, unless required by law. - Chief Scott A. Burlison

I wish to file a (please check one):

☐ Commendation

☐ Complaint

#### Information about you:

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

**Are you filing this on behalf of someone else?** ☐ Yes ☐ No **If yes, then complete this section.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

What is their relationship to you? \_\_\_\_\_

#### Witness Information (if applicable):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

#### City of Norwich Police Department Employee Information:

Name and or Badge # \_\_\_\_\_ Car Number employee was driving: \_\_\_\_\_

Name and or Badge # \_\_\_\_\_ Car Number employee was driving: \_\_\_\_\_

**Brief description of what happened, or would you prefer to be contacted by the City of Norwich Police Department?**

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\_\_\_\_\_  
Signature and Date

*\* When completed "print" or "save" form and either submit via e-mail norwichpd@norwichpd.org, send to above address via U.S. Mail or drop it off at the City of Norwich Police Department headquarters building. \* Form requires a signature if this a Complaint*

**FOR DEPARTMENT USE ONLY** Date and Time received:

Initials:

Badge #: