



Greece Police Department

Attn: Internal Affairs Division
6 Vince Tofany Boulevard
Greece, New York 14612
585-581-6319

CHIEF OF POLICE

Patrick D. Phelan

GPDinternalaffairs@greeceny.gov

Service Evaluation Form

Instructions: In an effort to better serve the community we are sworn to protect, the Greece Police Department encourages input from anyone who has an opinion on the service they received from the Greece 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 e-mail to above e-mail address. Personal information will not be disclosed to the public, unless required by law. -Chief Patrick D. Phelan

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

Greece 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 Greece Police Department?

* When completed "print" or "save" form and either submit via e-mail GPDinternalaffairs@greeceny.gov - or - Send to above address via U.S.Mail.

FOR DEPARTMENT USE ONLY Date and Time received:

Initials:

IBM #: