

# University of Massachusetts Lowell Police Department

## Complaint and Compliment Form

Complaint    or    Compliment

Date of Incident: \_\_\_\_\_

Approximate Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Police Staff Involved: \_\_\_\_\_

\_\_\_\_\_

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Contact Information (Please Print)

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place completed form in sealed envelope and turn in to any UMass Lowell Police Department staff member.