ALBANY POLICE DEPARTMENT
CUSTOMER SERVICE FORM

☐	**Suggestion**		**cc:**		**ACTION**
☒	**Citizen Concern**	☐	**Chief John Proctor**	☐	**Deputy Chief Nathaniel Clark**
☐	**Personnel Concern**	☐	**Major Russell Barnes**	☐	**Deputy Chief Mark Scott**
☐	_____			☐	
				☐	

CUSTOMER INFORMATION

Date: _____ Time: _____ Taken by: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Suspense Date: _____

SUGGESTION/CONCERN NARRATIVE

Signature _____

FOLLOW-UP ACTION/RESPONSE: **Date Received:** _____ **Date Completed:** _____

SUPERVISOR: _____

Division Commander Recommendations

COMMAND STAFF REVIEW: **DATE REVIEWED:** _____