



# Greece Police Department

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

CHIEF OF POLICE  
Andrew P. Forsythe

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 #: