

University of Massachusetts Lowell Police Department
Complaint & Compliment Form

Complaint or Compliment

Date/Time of Incident: _____ **Complaint #:** _____

Location of Incident: _____

Name/Rank/Description of UMLPD Involved:

Description of Incident:

Witness to the reported incident: (Please Print Neatly)

Name: _____

Cell Phone #: _____

E-Mail Address: _____

(List any additional witnesses on back of this form)

Your Contact Information: (Please Print Neatly)

Name: _____

Cell Phone #: _____

E-Mail Address: _____

Signature: _____

Name of department employee receiving the complaint/compliment: (Please Print Neatly)

_____ **Date/Time:** _____

(Submit completed form to a UMLPD supervisor)