Woodland Police Department
Citizen Feedback

Type of call or case number ___________________________________________________

Your Name ___________________________________________________________________

Location of call ___________________________ Date _____/_____/_____

Your contact phone number ____________________________________________________

Your contact email address ____________________________________________________

VIEWS OR OPINIONS

1-Officer responded in timely manner ○ ○ ○

2-Officer’s appearance was professional ○ ○ ○

3-Officer was courteous and polite ○ ○ ○

4-Officer took steps to solve the problem ○ ○ ○

5-The problem/issue was resolved ○ ○ ○

6-Officer showed concern for the problem ○ ○ ○

7-Officer handled incident in professional manner ○ ○ ○

8-Officer make appropriate remarks / comments ○ ○ ○

COMMENTS (Add any additional comments/suggestions)

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Date Completed _____/_____/_____