## Office of Professional Standards Greenwood Police Department Complaint or Commendation Form

This form can be hand-delivered, faxed to (479)996-5013, or mailed to GWPD Professional Standards Office at:

Greenwood Police Department PO Box 308 250 Old Hackett Road Greenwood, Arkansas 72936

<u>I want to file a</u> : Complaint Comp	nendation	
Are you filing on behalf of someone else?	_Yes No	
His/Her Name: Phone: (	)	
Information about you: First Name:	Initial: Last:	
Phone: () Cell: (		
Email:		
Date of Birth: Gender:	Race:	
Street Address:	Apt:	
City: State:	Zip Code:	
Information about the incident:		
Date: Time: AM/PM		
Address/Location:		
Information about the Greenwood Police Do	epartment employee(s) involved:	
Name:	Badge Number:	
Name:	Badge Number:	
Information about a witness:		
Name:	Badge Number:	
Name:	Badge Number:	

Date & Time	Si	gnature
Briefly summarize the incident (attach additional pages or documents if needed):		