



LEWISBORO POLICE DEPARTMENT

Attn: Command Staff
79 Bouton Rd
South Salem, New York 10590

CHIEF
David A. Alfano

Quality of Service Evaluation Form

Instructions: Please take the time to share your thoughts and opinion about the Lewisboro Police Department. We encourage you to provide feedback about a recent experience and your interaction with our member(s). The information you provide is appreciated and will be used to improve the quality of service we provide. Please complete as many of the below fields as possible so that we can properly evaluate your comments. Personal information will not be disclosed to the public unless required by law.

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: _____ Cell phone: _____ ☐ Male ☐ Female

Are you filing this on behalf of someone else?

Last Name: _____ First Name: _____ M.I. _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell phone: _____ ☐ Male ☐ Female

Witness Information (if applicable):

Last Name: _____ First Name: _____ M.I. _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell phone: _____ ☐ Male ☐ Female

Lewisboro Police Department's Employee Information:

Name and or Badge # _____ Car number employee was driving: _____

Provide your comments in the space provided below. Please tell us if you prefer to be contacted by a supervisor.

Mail or deliver this form to the address above.

FOR DEPARTMENT USE ONLY - Date and Time received: _____ Initials: _____ Incident #: _____