



### Lafayette Police Department Comment Form

Commendation     Comment     Complaint     Question

NAME	DOB
Home Address	Home Phone
Business Address	Business Phone
Location of Incident	
Date and Time of Incident	

Telephone     Walk-In     Anonymous     Written     Departmental

EMPLOYEE(S) NAMED	

WITNESS NAME	Business Phone
Address	Phone
WITNESS NAME	Business Phone
Address	Phone
WITNESS NAME	Business Phone
Address	Phone
WITNESS NAME	Business Phone
Address	Phone

SUMMARY OF COMMENT
Continue on Next Page

SUMMARY OF COMMENT CONTINUED
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