

Canisius Department of Public Safety Feedback Form

This form is provided to allow a person to submit any type of feedback (i.e. Recognition, a Complaint, or other remarks) regarding a member of the Canisius Public Safety Department. Please be as specific as possible. You are not required to provide your name, however if you are submitting a complaint, evidence is required before any kind of punitive action can be taken against an employee; therefore your contact information will be necessary. All feedback forms, whether they are positive or negative in nature, will be used to improve service to students, faculty, and the community. Thank you for taking the time to provide feedback about the service you received.

SECTION 1: Description of Incident

Date _____
Time _____ AM/PM

Location _____

What You Witnessed:

SECTION 2: Public Safety Member Description

Name _____

If last name is unknown, please describe the individual below:

Race _____ Sex _____ Age _____ Height _____ Weight _____ Badge # _____
Other _____

SECTION 3: Contact Information

Do you desire a follow-up contact as a result of this report? Yes ___ No ___
If yes, you must provide your identity and means of contacting you.

Your Name _____ Phone # _____

Address _____ Zipcode _____

E-mail _____

Signature _____ Date _____

SECTION 4: Witness information (if known)

Name _____ Address _____ Phone/e-mail _____
