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
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________