



Worcester State University Police

Citizen Response Form

Responding Person's Information		
NAME:		DOB:
Home Address:		Primary Phone:
		Secondary Phone:
		Email Address:
Driver's License Number and State (if applicable):		Vehicle Registration and State (if applicable):
Date of Occurrence:	Time of Occurrence:	Location of Occurrence:
Narrative		
Type of Report: (please check one): Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Other <input type="checkbox"/>		
Officer/Employee name and or ID#:		
Citation # (if applicable):		Incident Report # (if applicable):
NARRATIVE: Please provide a description of the event that you are reporting. In addition to the above information, please include any other pertinent information. (e.g. reason for interaction, other involved personnel, other witnesses, etc.)		
Signature: _____		Date: _____
(Use additional pages if needed)		
This form may be submitted in the following manner:		
<ul style="list-style-type: none">• Hand deliver or mail to: Worcester State University PD 486 Chandler Street, 102 Wasylean Hall, Worcester, MA 01602• Faxed to: 508-929-8153• Emailed to: wsupolice@worchester.edu (ensure a completed copy is attached to your email.)		

The Worcester State University Police Department values your comments and takes them seriously.

For all complaints, a ranking officer will contact you when we receive this form.

If a complaint is found to be fabricated, the reporting party may be subject to criminal prosecution and/or civil proceedings.

Narrative (continued)

Signature: _____
(Use additional pages if needed)

Date: _____