

Leawood Police Department



Citizen Comment Form

Date: _____ Time: _____

Your name: _____

Address: _____

City/State/Zip: _____

Best phone number to contact you: _____

Please contact me regarding the comment I have submitted.

Date of Incident: _____ Time of Occurrence: _____

Location: _____

Description of interaction: _____

Officer(s) Involved: _____

Nature of Comment (please use as much detail as possible):