



Berea Police Department

Public Service Report

- Commendation of employee service
- Commendation of department
- Complaint of employee service
- Complaint of department
- Suggestion to improve service

Date/Time of incident	Location of occurrence	
Reportee name	Address	Phone Numbers
Witness/es	Address	Phone Numbers
Employee/s involved		
Summary of service information provided *If necessary attach additional pages and supporting documents		
Receiving Supervisor or OIC Signature / Date		Reportee Signature / Date

DEPARTMENT USE ONLY			
RELATED INCIDENT #	PROFESSIONAL STANDARDS UNIT #		
Chain Of Command	Date Reviewed	Initials/Badge No.	Recommendations
Sergeant / OIC			<input type="checkbox"/> None <input type="checkbox"/> Attached
Lieutenant			<input type="checkbox"/> None <input type="checkbox"/> Attached
Chief of Police			<input type="checkbox"/> None <input type="checkbox"/> Attached

Berea Police Department

Public Service Report

Continuation Sheet

Date/Time of incident	Location of occurrence
Summary of service information provided *If necessary attach additional pages and supporting documents	
Reportee Signature / Date	