

ROSE HILL POLICE DEPARTMENT

Citizen Compliment/Complaint Form

Date: _____ Time: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I do affirm that all the facts and statements contained herein are true and correct.

Signature

Submit the completed form to the Chief of Police, PO Box 185, 125 W. Rosewood, Rose Hill, KS 67133