



FLOSSMOOR POLICE DEPARTMENT OFFICER INTERACTION FORM



This form may be submitted to alert Flossmoor Police staff of any citizen interaction with our officers that has been exemplary, meaningful, or presents a cause for concern. Flossmoor Police staff take both citizen commendations and concerns very seriously.

Submitter's NAME: _____

Submission Date: _____

ADDRESS: _____

Incident Date: _____

Incident Time: _____

TELEPHONE #: _____

Incident Report #: _____

EMAIL: _____

OFFICER(S) INVOLVED (Please include: name, star #, vehicle #, or any information we can use to identify the officer(s)) _____

DETAILS of INTERTACTION

(Please include as many details of your interaction with a Flossmoor Police Officer as you can. These details will be used in the investigation / commendation, and will be compared with any existing Body Worn Camera or Vehicle video footage that is available)

PLEASE PRINT (You may use the back of this form or additional sheets if necessary)

Submitter's Signature (Parent or Guardian if under 18-years of age): _____

Please return to:

Chief of Police
Flossmoor Police Department
2800 Flossmoor Rd.
Flossmoor, IL 60422

-OR-

Email to: Cestelle@flossmoor.org