



City of Arkansas City
Police Department

117 W Central Avenue
Arkansas City, KS 67005
TEL: (620) 441-6601

Citizen Compliment Form

Reporting Persons Name: _____ Male: ____ Female: ____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Officer/Employee Involved: _____

Description of the Incident:

(Please write as much detail as possible):

Signature

Print Name