



# TOWN OF CARMEL POLICE DEPARTMENT

60 McAlpin Ave  
Mahopac, NY 10541  
845-628-1300

Anthony Hoffmann  
Chief of Police

## QUALITY OF SERVICE FORM

**Instructions:** Please take the time to share your thoughts and opinion about your experience with the Carmel Police Department. We encourage you to provide feedback about your recent experience and your interaction with our member(s). The information you provide is appreciated and will be used to improve the quality of service we provide. Please complete as many of the fields below as possible so that we can properly evaluate your comments.

**\*\*Personal information will not be disclosed to the public, unless required by law.**

**\*\*Anonymous complaints may hinder a proper investigation into complaints of misconduct or any other nature.**

**\*\*Any proven false statements made in the foregoing instrument are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York and may result in arrest.**

I wish to file a (please check one): ☐ Commendation ☐ Complaint

### Information about you:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

**Are you filing this on behalf of someone else?** ☐ Yes ☐ No **If yes, then complete this section.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

What is their relationship to you? \_\_\_\_\_

### Witness Information (if applicable):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Male ☐ Female

### Carmel Police Department Employee Information:

Name and or Badge # \_\_\_\_\_ Car number employee was driving: \_\_\_\_\_

Name and or Badge # \_\_\_\_\_ Car number employee was driving: \_\_\_\_\_

**Provide your comments in the space provided below. Please tell us if you prefer to be contacted by a supervisor.**

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**\*\*Completed form can be emailed to [police@ci.carmel.ny.us](mailto:police@ci.carmel.ny.us), mailed to the address above or submitted to a SUPERVISOR in person.**

**FOR DEPARTMENT USE ONLY** Date and Time received:

Name/Rank/Initials:

Event #: