

**FLOSSMOOR POLICE DEPARTMENT
OFFICER INTERACTION FORM**

NAME: _____

DATE: _____

ADDRESS: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

TELEPHONE #: _____

EMAIL: _____

OFFICER(S) INVOLVED: _____

DETAILS OF INTERACTION (Please take a moment to complete the following information, which will be needed in reviewing the fact(s) surrounding your interaction. Include as much detail as possible, use the back side of this form if needed.) **PLEASE TYPE OR PRINT**

PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE: _____

SIGNATURE: _____

Please return this form to:

**Chief of Police
Flossmoor Police Department
2800 Flossmoor Road
Flossmoor, IL 60422**

OR Email To:

Tkamleiter@Flossmoor.org