University of Rochester
Public Safety Feedback Form

Name/Organization: ________________________________________________
Email: __________________________________________________________
Phone Number: ___________________________________________________
Residence: _______________________________________________________

Choose the type of feedback you wish to send:
___ Suggestion   ___ Complaint   ___ Problem   ___ Compliment   ___ Question

What contact did you have with University Public Safety?
___ Filed a report as a victim/complainant
___ Cited or charged by a Public Safety staff member
___ Interviewed by a Public Safety Officer as part of an incident
___ In charge of registered party or social event
___ Other . . . please explain: __________________________________________

Enter feedback about interaction with Public Safety below (use back if needed):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If you’d like to be contacted about this feedback or event, please check below.
___ I would like to be contacted regarding this matter.

Signature: ___________________________________________ Date: ____________

Please drop this form in any University of Rochester internal mailbox addressed to: University Public Safety, Attention: Mark Fischer, PO Box 278950, 612 Wilson Blvd., Rochester, NY 14627

Revised: 6/14