Nature of your Comments: ____________________________________________________________

Please describe, in your own words, your suggestion or the events that prompted you to complete this form:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

(Please feel free to attach an additional sheet of paper to this form should you need additional writing space.)

◆ IMPORTANT NOTE: We value your input. We must remind you that making a false statement could subject you to criminal or civil penalties by applicable Florida Statutes.

YOUR CERTIFICATION: I certify that, to the best of my knowledge, the above and attached information I have provided is true and correct.

Your Signature

May a Miramar Police Department supervisor contact you for follow up?

☐ Yes ☐ No

May we use your comments in our publications or on our website?

☐ Yes ☐ No

YOU MAY BRING THIS FORM TO ANY Miramar Police Department facility (listed on the inside of this brochure) or you may mail it to:

Miramar Police Department
ATTN: Office of the Chief of Police
11765 City Hall Promenade
Miramar, Florida 33025
How well are we serving our community?

The primary goal of the Miramar Police Department is to continue making the city of Miramar a safer place for our residents. We encourage community partnerships, protect the safety and well-being of our citizens, and take a proactive stance through crime prevention programs. We are committed to maintaining our strong relationships with all of our residents.

The Miramar Police Department is committed to providing excellent police service to the community. Citizen cooperation and input is essential if the department is to succeed in this goal. If you have any questions or recommendations on how the Miramar Police Department can improve police service please let us know by completing the form included in this brochure.

THE DEPARTMENT’S MISSION

We pledge to provide a safe and secure environment and enhance the quality of life in the city of Miramar by working in partnership with the community, providing progressive police services, impartially enforcing the laws, and preserving the peace and protecting the individual rights of our citizens.

What happens after you submit this form?

Commendations will be reviewed by the Office of the Chief of Police and then forwarded to the employee through the employee’s chain of command and it will be added to the employee’s personnel file.

Suggestions will be reviewed by the Office of the Chief of Police and will then be forwarded to the Division or Unit it relates to for follow up. They will consider the suggestion and report the result back to their respective Bureau Commander. They may even contact you for clarification or feedback from proposed changes stemming from your suggestion if you check the “May a Miramar Police Department supervisor contact you for follow up?” check box on this brochure.

The Chief of Police will review all complaints and a determination will be made to either assign the complaint to the immediate supervisor or the Internal Affairs Unit to conduct an investigation. Following a thorough and impartial investigation, a disposition will be rendered based on all available factual information. The citizen will be contacted at the completion of the investigation, and at that time will have an opportunity to discuss the disposition of the complaint. The Internal Affairs Unit will accept all complaints whether delivered by letter or telephone, in person or anonymous.

Please let us know how we are doing

Please provide us with the following information:

Today's date: ____________________________
This is a:
☐ Commendation ☐ Suggestion ☐ Complaint

Your information:
Your name: ____________________________________________
E-Mail Address: ____________________________________________
Street Address: ____________________________________________
City: ____________________________________________ State: _____________ Zip Code: _____________
Home telephone: ( ) ____________
Other phone: ( ) ____________ ☐ Business ☐ Cell

Information about your contact with our employee:
Date of contact: ____________________________
Time: ____________________________
Location: ____________________________ Employee name(s): ____________________________
ID#(s) (if known): ____________________________
Witness Name: ____________________________
Address: ____________________________________________
City: ____________________________ State: _____________ Zip: _____________
Phone Number: ( ) ____________

MISSION STATEMENT

“Serving Our Community”

MIRAMAR POLICE DEPARTMENT

HEADQUARTERS BUILDING:
11765 CITY HALL PROMENADE
MIRAMAR, FLORIDA 33025

WEST DISTRICT STATION:
2811 SOUTHWEST 186TH AVENUE
MIRAMAR, FLORIDA 33029

INTERNAL INVESTIGATIONS UNIT:
2271 CIVIC CENTER PLACE
MIRAMAR, FLORIDA 33025
(954) 602-3843