



Comment/Compliment/Complaint Process

Information collected by this form is used by the Washington State Patrol to address concerns and to recognize positive service provided by WSP employees. You are required to provide a message (see **Message** below) and indicate the **type of feedback** (see **Type of Feedback** below) you are providing; all other information is voluntary.

Type of Feedback – Please select one or more of the following topics. This helps us address the nature of your concern.

Comment

Compliment

Complaint

Contact Information – If you wish to receive a follow-up response to your comments, compliment, or complaint, please provide your contact information:

First Name _____ Last Name _____

Address _____
Street City State ZIP

Telephone () _____ E-Mail _____

Incident Information – To help us provide the best service possible, please provide details of the incident. This information is voluntary.

Date of Incident _____ Time of Incident _____

Location of Incident _____

City _____ County _____

WSP employee badge number (if known) _____

Message – Please provide a brief message explaining details of the incident.

Send Completed Form to: opsmail@wsp.wa.gov

***Note:** If you have additional files you wish to submit, please attach them to accompany this completed form.