



# POLICE CALL RESPONSE FORM

## 2011 UNIVERSITY DISTRICT CERTIFICATION

Please type or write legibly. **If you have had more than six complaints you will need to make copies of this form before completing.** Return with Monitoring Plan Application.

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Property Location: \_\_\_\_\_

**NO CALLS? Check here and return form.**

**COMPLAINT/POLICE CALL:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Action taken by City Police Department:

\_\_\_\_\_

Action Taken by Organization:

\_\_\_\_\_

\_\_\_\_\_

**COMPLAINT/POLICE CALL:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Action taken by City Police Department:

\_\_\_\_\_

Action Taken by Organization:

\_\_\_\_\_

\_\_\_\_\_

**COMPLAINT/POLICE CALL:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Action taken by City Police Department:

\_\_\_\_\_

Action Taken by Organization:

\_\_\_\_\_

\_\_\_\_\_

**COMPLAINT/POLICE CALL:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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**COMPLAINT/POLICE CALL:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Action taken by City Police Department:

\_\_\_\_\_

Action Taken by Organization:

\_\_\_\_\_

\_\_\_\_\_

**Return this completed form to:**

University District Review Committee  
City-County Planning Commission  
1141 State Street  
Bowling Green, KY 42101

**A \$50 additional fee is due when recertification is deficient and University Board has to reconvene.**

If you have questions call Marshall at 270-842-1953 or e-mail [marshall.robinson@bgky.org](mailto:marshall.robinson@bgky.org)