Delaware State University Police Department

Compliment Information Sheet

Date: _____ Time: _____ Officers Name: _____

Name: _____
Last First Middle

Campus Address: (Residence Hall)_____ Room #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Alternate Phone: _____

DSU ID#: _____ DOB: _____ Crime Report Number: _____

Please be as detailed as possible when writing statement.

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Signature: _____ Page: _____ of _____