

SEBASTOPOL POLICE DEPARTMENT
CASE TRACKING

To be completed by Supervisor

Case No: _____ Officer assigned: _____

Reviewing Supervisor: _____ Officer Follow-up due by: _____

To be completed by Officer

Victim/Witness contact: Yes _____ No _____

Notes:

Officer follow-up completed by: _____ Date: _____

Supervisor signature: _____

This document is to be returned to the reviewing Supervisor upon completion.

White-Supervisor copy ~~Blue-Officer copy~~