

**MN CHAPTER OF CONCERNS OF POLICE SURVIVORS**  
**PO Box 270652, St. Paul, MN 55127 651-295-2314**

---

As part of the Minnesota Chapter of C.O.P.S. Travel policy for National Police Week or Hands-On Programs and payment of Chapter funds for survivor travel, we are asking that you fill out this brief questionnaire and return to us as soon as possible following the event you attended. Your travel receipts must also be included.

Many organizations and individuals donate money to our Chapter to help our Chapter send survivors to National Police Week & Hands-On Programs. We would like to share your comments with them about your experience.

Please be very honest in your responses as we will share the positive as well as the negative experiences with the National Office and the Chapter Executive Board. Please feel free to add a sheet of paper if there is not enough room for your comments.

**Disclaimer: May we use your name and/or quote in our newsletter or on our website?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Name:** \_\_\_\_\_

- 1) What Police Week break- out sessions (*attendance is mandatory*) or Hands On Programs did you attend?  
Please list.
  
- 2) What could have been done by MN C.O.P.S. or National C.O.P.S. to improve your experience?
  
- 3) Please write a brief paragraph about your experience at National Police Week or the Hands On Program.
  
- 4) Other Comments:

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

Total Transportation Expense: \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_

**For Treasurer Use Only:**

Reimbursement Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Payable to: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_