



TRAINING FEEDBACK

The purpose of this form is to provide suggestions, comments, concerns, and feedback on Deputy Sheriff Education and Training Board programs. As much information as you can provide will allow us to better address any issues.

NAME:

COUNTY:

CONTACT PHONE#:

EMAIL:

- BASIC TRAINING WAIVER TRAINING CONTINUING EDUCATION
 SUPERVISORY TRAINING MERIT TRAINING GENERAL COMMENT

MODULE/COURSE #:

SUBJECT:

DATE:

LOCATION:

INSTRUCTOR(S):

If applicable, did you pass this information on or attempt to resolve this through:

- PARTICIPANT SURVEY BROUGHT TO INSTRUCTOR'S ATTENTION
 BROUGHT TO CONTRACTOR STAFF ATTENTION

This form may be mailed to:

PCCD
ATTN: Deputy Sheriff Training
PO Box 1167
Harrisburg, PA 17108

FAX: (717) 783-7140

Email: dnumer@state.pa.us or dohummel@state.pa.us

DETAIL: