Commendation or Complaint Form

Citizen's Information (Person Reporting Commendation or Complaint)

Citizen's Name	Home Telephone Number	Daytime Telephone Number
Address (Include street address, city, state and zip code		
Date of Birth		Sex
Occupation	Employer	Employer's Telephone Number

Commendation / Complaint Information: Please check type of Report ___Complaint

___ Commendation

Incident Date & Time	Incident Location	Case Number (If Known)
Employee / Officer's Name	2nd Employee / Officer's Name	3rd Employee / Officer's Name
Witness #1's Name, Address, Telephone Number		
Witness #2's Name, Address, Telephone Number		

Please Describe Basis for Commendation / Complaint (Attach Additional Statement if Necessary)

Citizen's Signature	Date & Time
Employee Receiving Report	Date & Time Received