Citizen Commendation and Complaint Form

☐ Commendation
☐ Complaint

Citizen Information			
Last Name		First Name	
Street Address			Apt #
City	State	Zip Code	Phone Number

Witness Information			
Last Name		First Name	
Street Address			Apt #
City	State	Zip Code	Phone Number

Officer(s) / Employee(s) Involved
Name
Name

Summary of Events
Describe in detail, the event or incident that led you to file this form. Use reverse or additional form if needed.

Please Explain Your Desired Outcome or Resolution for this Commendation/Complaint.

Signature:	Date:
Reporting Supervisor:	Date:

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