CITIZEN’S COMPLIMENT FORM

Instructions: Please complete all the information requested on this form. Type or print your responses using a black or blue ink pen. When the form is completed it can be delivered to the Officer in Charge of the Main Desk or mailed. When mailing the form address it to: Chief of Police, 10 Chestnut Street, New Britain, CT 06051.

Your Name: ________________________ (Your date of birth)

Your Address: ________________________________ (Street and number, apartment number, City, zip code)

Your telephone number: ____________________ (Home) ____________________ (Work)

Have you previously spoken to a Supervisor? Check one: Yes____ No____

If you checked “yes”, with whom did you speak? ________________________________

Officer(s’) Name or Badge Number that you are complimenting:

Name: ____________________________ Badge Number: __________

Name: ____________________________ Badge Number: __________

When and where did the incident occur:

Date: _____________, 20___ Day of the Week: ________________

(Month and day)

Approximate Time of Day: ________________

Where did this happen? ________________________________

(Street address, intersecting street, City)

TURN THIS FORM OVER TO DESCRIBE HAPPENED.
Describe the Incident:

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Your Signature: __________________________ Date: ________________

Received by: __________________________ Date: ________________

(Ranking Police Officer)