

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.

