



GRANDVIEW POLICE CITIZEN COMPLIMENT FORM

(catch an officer doing well)



COMPLIMENT NO. _____

(FOR POLICE DEPARTMENT USE ONLY)				
DATE REPORTED	TIME REPORTED	DATE OCCURRED	TIME OCCURRED	LOCATION
Indicate any forms prepared (Arrest reports, Offense Reports, etc.)				
Compliment received by:	Signature of Shift Commander		Signature of Division Commander	
Investigating Officer	Date Assigned	Result		

Submitter's Name (Last, First, MI)	Address	Telephone Number	
Name of Witness	Address	Relationship	Telephone No.

Name of Officer(s) doing well, if you know

DETAILS OF COMPLIMENT (use additional page if more space is required)

Signature of Submitter	Witness	Date
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INSTRUCTIONS FOR SUBMITTER: Your signature is an affirmation that the statements and information in this report are true and correct!