

# DURHAM POLICE DEPARTMENT CITIZENS COMPLIMENT FORM

- CITIZEN COMPLIMENT OF OFFICER
- INTERNAL COMPLIMENT OF OFFICER
- RECOMMENDATION FOR AWARD CONSIDERATION

DATE OF RECOMMENDATION:		RECEIVING EMPLOYEE
NAME OF CITIZEN/OFFICER MAKING RECOMMENDATION:		
STREET ADDRESS:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	E-MAIL:	
CELL PHONE NUMBER:	WORK PHONE NUMBER:	
LOCATION OF INCIDENT _____		
DAY/DATE OF INCIDENT _____		TIME OF INCIDENT _____
NAME OF OFFICER/STAFF INVOLVED (if known):		
1. _____		
2. _____		
3. _____		
DESCRIPTION OF OFFICER/STAFF, IF NAME IS UNKNOWN:		
<input type="checkbox"/> RACE _____	<input type="checkbox"/> UNIFORM DESCRIPTION	
<input type="checkbox"/> GENDER _____	<input type="checkbox"/> PLAIN CLOTHES DESCRIPTION	
<input type="checkbox"/> HEIGHT _____	<input type="checkbox"/> VEHICLE	
<input type="checkbox"/> BUILD _____		
<input type="checkbox"/> HAIR COLOR _____		
WITNESS NAME:	ADDRESS:	PHONE:
WITNESS NAME:	ADDRESS:	PHONE:
SUMMARY OF COMPLIMENT (one or two sentence description):		

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

