FARMERSVILLE POLICE DEPARTMENT
CITIZEN COMPLIMENT FORM

The Farmersville Police Department wants to award good behavior and actions of our officers and civilian personnel. We work hard in our profession of taking pride in what we do as law enforcement officers and want to award those who meet and/or exceed the limits of customer service in our profession.

Your Name: _____

Your Address: _____

Daytime Phone: (___)_____ Evening Phone: (___) _____

Date of Incident: ____/____/____ Time of Incident: _____AM or PM? PM

Location of the Incident: _____

Name or Description of Officer or Vehicle: _____

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Reasons for the Compliment:

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Compliment Certification:

"I hereby certify that to the best of my knowledge that the statements made herein are true".

Your Signature: _____

Today's Date: ____/____/____ Time Now _____ AM OR PM? AM

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For Internal Use Only: To be completed by the Supervisor Receiving the Compliment

Name: _____ Rank: _____ Badge #: _____

Related Incident Report Number: _____ Date Report Received ___/___/___

Forward original to the Office of the Chief of Police.
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For Internal Use Only: To be completed by the Office of the Chief of Police

Assigned to:_____Date Assigned:___/___/___

Date Due:____/_____/_____