Normal Police Department
Compliment an Officer Form

Citizen Information

Name: ____________________________
Address: ________________________
City: ________ State: ________ ZIP: ________
Home Phone: ________ Cell Phone: ________
Email Address: ________________________
May we contact you? Yes No

Compliment Information

Date of Contact: ____________________________ Location: ____________________________
Name of Employees(s) you are complimenting: ____________________________
Details of Incident/Comments: ______________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please use back of form or additional pages if needed.

Signature: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY

Accepting Supervisor Signature: ____________________________ Date: ____________________________
Mail In Person

Form may be submitted by mail or in person to:
Normal Police Department, Attn: Chief of Police, 100 E. Phoenix Avenue, Normal, IL 61761

Revised 08/11