



Office of Inspector General

Commendation/Complaint Form

This is a: Commendation Complaint

Date of the Incident:
Month Day Year

Time of the Incident:
Hour Minute AM/PM

Location of the Incident:

| Employee Name (if known) | Badge Number or Description |
|--------------------------|-----------------------------|
| | |
| | |
| | |

| Witness Name (if known) | Contact Information |
|-------------------------|---------------------|
| | |
| | |
| | |

You may remain anonymous. If you choose to remain anonymous, we may not be able to follow up with you.

Your name:

Phone number: Home: Business: Cell:

Email Address:

Address:

| |
|---------|
| Number: |
| Street: |
| City: |
| Zip: |



Office of Inspector General

Please enter your statement. Be as specific and detailed as you can.