



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.