University of Rhode Island Police Department

Commendation Form

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY.			
PERSON MAKING COMPLIMENT INFORMATION			
Name:			
Address:			
Telephone Numbers:	(Home)	(Work)	(Cell)

EVENT/INCIDENT INFORMATION		
Location of Event/Incident	Date of Event/Incident	Time of Event/Incident

WITNESS INFORMATION			
Name of Witness	Address	Telephone Number	Relation to you (Yes or No) If yes, please specify.
1)			
2)			

OFFICER(S) INFORMATION		
Name of Officer	Badge Number of Officer	Description of Police Vehicle

COMPLIMENT SYNOPSIS

Describe in as much detail as possible the event/incident for which you want to compliment our actions. (Use reverse side of this form if additional space is necessary)

Complimenter Signature	Print Name of Complimenter	Date

COMPLETED FORMS MAY BE SUBMITTED	
In Person	Please enclose form in an envelope marked to the attention of "URI Police Office of Professional Standardsr".
By Mail	URI Police Department 85 Briar Lane Kingston, RI 02881