



# MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON ST. MOUNT HOLLY, NEW JERSEY 08060

CHIEF OF POLICE  
CLIFFORD R. SPENCER

## EMPLOYEE COMMENDATION

If you would like to commend an employee of the Mount Holly Township Police Department, please complete this form. Upon completion, you may return it to the Mount Holly Township Police Department through the mail, fax, or in person. Your comments will be reviewed by the commanding officer and the commended employee. The Mount Holly Township Police Department thanks you for your interest and for taking the time to complete this form.

|          |        |      |                |
|----------|--------|------|----------------|
| NAME:    |        | SEX: | DATE OF BIRTH: |
| ADDRESS: |        |      | PHONE:         |
| CITY:    | STATE: | ZIP: | CELL PHONE:    |

|                                  |                     |
|----------------------------------|---------------------|
| INCIDENT CASE NUMBER (IF KNOWN): | INCIDENT DATE/TIME: |
|----------------------------------|---------------------|

INCIDENT LOCATION:

|               |          |
|---------------|----------|
| OFFICER NAME: | BADGE #: |
| 1.            |          |
| 2.            |          |
| 3.            |          |

WHAT INITIATED YOUR CONTACT WITH THE EMPLOYEE:

|   |   |
|---|---|
| <input type="checkbox"/> POLICE RESPONSE TO YOUR CALL | <input type="checkbox"/> MADE A REPORT AT THE POLICE DEPARTMENT |
| <input type="checkbox"/> TRAFFIC STOP                 | <input type="checkbox"/> WITNESS AT A POLICE INVESTIGATION      |
| <input type="checkbox"/> TRAFFIC COLLISION            | <input type="checkbox"/> OTHER _____                            |

PLEASE DESCRIBE THE INCIDENT IN DETAIL (PLEASE CONTINUE ON BACK OF FORM IF NEEDED):

IF NECESSARY, MAY WE CONTACT YOU TO OBTAIN ADDITIONAL INFORMATION:  YES  NO

|            |       |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|

FOR OFFICIAL USE ONLY

|              |          |                       |
|--------------|----------|-----------------------|
| RECEIVED BY: | BADGE #: | DATE & TIME RECEIVED: |
|--------------|----------|-----------------------|

COMMENDATION RECEIVED BY:  IN PERSON  MAIL  EMAIL  FAX  OTHER \_\_\_\_\_

|                     |                               |
|---------------------|-------------------------------|
| EMPLOYEE SIGNATURE: | COMMANDING OFFICER SIGNATURE: |
|---------------------|-------------------------------|



