

JARRELL POLICE DEPARTMENT

CITIZEN COMPLIMENT FORM

If you had a positive experience with a member of the Jarrell Police Department or feel a member of the Jarrell Police Department is worthy of a compliment, we would enjoy hearing from you. We are very proud of our officers, and your comments are greatly appreciated. All compliments are sent to the officer's supervisor, the officer, and City Hall.

Compliment Forms or letters may be mailed to or dropped off at the address at the bottom of this page or emailed to: pdsupervisor@cityofjarrell.com

Please include the officer's name and unit number (if known), so we can be sure the commendation is issued to the correct employee. Give a full description of the situation and what the officer did that you feel makes them worthy of a compliment.

Please use the following form to give us some information about yourself. Although it is not a requirement to provide your information, it makes the commendation much more personal to the employee when they know whom it is coming from.

Your Name:	Today's Date:			
Date of Birth:				
Value Addressa				
City		State:	Zip:	
Home Phone:	Work Phone:		Cell Phone:	
Please provide as much in	nformation as you can abou	ıt the inciden	t.	
Date of Incident:	Time:		□ AM □ PM	
Location:				
		-	Signature	
		-	Printed Name	
			Date and Time	

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Your Name:	Today's Date:
Description of Incident:	
	Signature
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