

RECOMMENDATION FOR RECOGNITION OR COMMENDATION

The Orwell Police Department looks forward to hearing from those we serve about the performance of services by our officers. If you feel the circumstances warrant, please provide the information requested below. Thank you for taking the time to make positive comments about the service you received or observed.

Please mail the completed form to: **Orwell Police Department
ATTN: Chief of Police
P.O. Box 222
Orwell, OH 44076**

Name of employee (if known): _____

Date and time of the incident: _____

Location: (Please describe where the officer's actions occurred, including address or roadway.)

Please provide a full account of your commendation of our officer:

If additional space is required, please use the reverse side of this form.

Although you may wish to remain anonymous, we would certainly like to know who was so thoughtful to take the time to contact us. The employee and his supervisor will be informed of your commendation, and it will be reflected in his/her personnel file. Sometimes we may need to obtain additional information.

May we contact you? YES NO

Your Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone Number (____) ____ - ____ Evening Telephone Number (____) ____ - ____

Email address: _____

Signature: _____