



INDEPENDENCE POLICE DEPARTMENT

CITIZEN COMMENDATION FORM

Your Name _____ Res. Phone# _____

Address _____

Do You Wish To Be Contacted? Yes No

Date of Incident _____ Time _____

Location _____

Name(s) of Officers or Employees Involved:

Description if Name Unknown Race _____ Sex _____ Age _____ Hgt _____

Wgt _____ Clothing _____

Vehicle Number and/or Description _____

Badge Number(s) _____

Details for Commendation _____

If additional space is needed, use back of form

Return completed form to the Police Information Desk or mail to:

**INDEPENDENCE POLICE DEPARTMENT
Professional Standards Unit
223 N. Memorial Drive
Independence, Missouri 64050
(816) 325-7280**