

# FLORENCE POLICE DEPARTMENT

## Commendation/Complaint Request Form

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Commendation/Recognition | <input type="checkbox"/> Citizen Complaint | <input type="checkbox"/> Internal Complaint | <input type="checkbox"/> Early Tracking |
|---|--|---|---|

|       |       |      |
|-------|-------|------|
| Date: | Time: | PSU# |
|-------|-------|------|

|                 |
|-----------------|
| FPD Incident #: |
|-----------------|

|                     |           |
|---------------------|-----------|
| Incident Date/Time: | Location: |
|---------------------|-----------|

### CITIZEN CONTACT INFORMATION

|       |
|-------|
| Name: |
|-------|

|          |       |        |      |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

|       |       |           |
|-------|-------|-----------|
| Home: | Cell: | Business: |
|-------|-------|-----------|

|                   |        |
|-------------------|--------|
| Business Address: | Email: |
|-------------------|--------|

### FPD PERSONNEL INVOLVED

|       |          |
|-------|----------|
| Name: | Badge #: |
|-------|----------|

|       |          |
|-------|----------|
| Name: | Badge #: |
|-------|----------|

|       |          |
|-------|----------|
| Name: | Badge #: |
|-------|----------|

### WITNESSES

|       |
|-------|
| Name: |
|-------|

|          |       |        |      |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

|       |       |           |
|-------|-------|-----------|
| Home: | Cell: | Business: |
|-------|-------|-----------|

|       |
|-------|
| Name: |
|-------|

|          |       |        |      |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

|       |       |           |
|-------|-------|-----------|
| Home: | Cell: | Business: |
|-------|-------|-----------|

### SUBMITTED BY

|       |
|-------|
| Name: |
|-------|

### FOR PROFESSIONAL STANDARDS USE ONLY

|                 |
|-----------------|
| PSU SUPERVISOR: |
|-----------------|

|                |                     |
|----------------|---------------------|
| Date Received: | Assigned Personnel: |
|----------------|---------------------|

|           |       |
|-----------|-------|
| Findings: | Date: |
|-----------|-------|