CITIZEN REQUEST FOR COMMENDATION

DATE:_____

NAME:_____

ADDRESS:_____**CONTACT PHONE:**_____

OFFICERS NAME:_____**UNIT/BADGE NUMBER: (if known)**_____

NARRATIVE OF THE INCIDENT:

(When completing this form, include as much information as possible about your contact with the officer. If the officer's name is not known, the location, date and time will assist us in identifying the officer.)

Continue on a second sheet if necessary.

SIGNATURE:_____

After completing and signing this form, please mail or deliver to:

Oklahoma City Police Department
Office of the Chief
701 Colcord Drive
Oklahoma City, OK 73102