Normal Police Department
Compliment an Officer Form

Citizen Information

Name:

Address:

City: State: ZIP:

Home Phone: Cell Phone:

Email Address: May we contact you? Yes No

Compliment Information

Date of Contact: Location:

Name of Employees(s) you are complimenting:

Details of Incident/Comments:

Please use back of form or additional pages if needed.

Signature: *Date:*

FOR OFFICE USE ONLY		
Accepting Supervisor Signature:	Date:	☐ Mail ☐ In Person

Form may be submitted by mail or in person to:
Normal Police Department, Attn: Chief of Police, 100 E. Phoenix Avenue, Normal, IL 61761

Revised 08/11