

## COMMENDATION FORM

If you would like to commend an employee of the Fort Worth Police Department, please fill out this form and email it to [PoliceOversight@fortworthtexas.gov](mailto:PoliceOversight@fortworthtexas.gov) or mail it to the address listed above. OPOM is committed to providing the best service possible and community feedback is essential to succeed in this goal. If you don't know the officer's name or badge number, please provide the date, time and circumstances leading to your compliment. Efforts will be made to identify the officer involved. Your comments will be provided to the Fort Worth Police Department and be reviewed by the commended employee and his/her commanding officer.

### INCIDENT DETAILS

<b>Incident date:</b>		<b>Incident time:</b>	AM	PM
<b>Incident location:</b>		<b>Neighborhood:</b>		

Please write a brief summary of your commendation:

### OFFICER INFORMATION (If the officer's name is not known, describe the Police employee(s) you are commending.)

<b>Officer 1 Name or Description:</b>				
<b>Badge number:</b>		<b>Vehicle number:</b>		
<b>Officer 2 Name or Description:</b>				
<b>Badge number:</b>		<b>Vehicle number:</b>		

### YOUR INFORMATION

<b>Name:</b>				
<b>Mailing Street Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	
<b>Primary Phone:</b>	Home	Cell	<b>Other Phone:</b>	Home Cell Work
<b>E-mail address:</b>				
<b>How did you hear about Office of the Police Oversight Monitor?</b>				

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be contacted by the Office of the Police Oversight Monitor. Information included on this form may be subject to disclosure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Received date: _____
Received by: _____