GILBERTOWN POLICE DEPARTMENT

COMMENDATION FORM

Use this form to recognize professional service by a Gilbertown Police Department employee or to share positive feedback about a department interaction.

Submission instructions: Submit in person to the Chief of Police or a designated official; leave with the Town Clerk for delivery to the Chief; mail to Gilbertown Police Department, Attn: Chief of Police, 40 Front Street, Gilbertown, Alabama 36908; or email gilbertownchief@outlook.com.

Assistance: If you are unable to complete this form because of a disability, literacy, language barrier, or other limitation, department staff will provide assistance upon request.

YOUR INFORMATION

Name: _____

Telephone: _____ **Email address:** _____

EMPLOYEE OR INCIDENT INFORMATION

Employee name, if known: _____

Date of contact or event: _____ **Approximate time:** _____

Location or event: _____

Type of interaction: ☐ **Call for service** ☐ **Traffic stop** ☐ **Community event** ☐ **Office contact** ☐ **Telephone**

☐ **Other:** _____

COMMENDATION

Please describe the professional service, conduct, or action you wish to recognize. Attach additional pages if necessary:

_____

_____

_____

_____

_____

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Received date: _____ **Received by:** _____

Employee(s) identified: _____ **Follow-up completed:** _____

Forwarded by Chief of Police or designated official to: _____

Notes: _____

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