DANBURY POLICE DEPARTMENT

CIVILIAN COMMENDATION REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address: Chief of Police, Danbury Police Department, 375 Main St., Danbury, CT 06810. (203)797-4611, email: internalaffiars@danbury-ct.gov.

Date of Incident	Time of In	cident	Date Reported	Tim	e Reported	
Location of Incident						
Submitter's Name	Submitte	Submitter's Address (Street, City, State, ZIP)				
Submitter's DOB Submitter's Home Pho		ne Phone#	Submitter's Work Phone#			
Submitter's Cell Phon	e#	Submitter's E-r	nitter's E-mail			
Employee(s) involved (if known): (Name or physical description, Badge #, Car #, etc.)						
Witness Information (Name, D.O.B., Address, Telephone #, etc.)						
Attach supporting do	cumentation, as a ges, if necessary)	•	ding letters, e-mails,	photographs, vi	your commendation. deo or audio tapes, etc.	
Submitter's Signature			Date and Time Sig	ned		
Method of Contact (Check): Tel	ephone Ir	-Person Mail	E-Mail	Other	
Person Receiving the Form						
Rank/Name/ ID Num	ber		Date Receiv	ed	Time Received	