



SOMERVILLE POLICE DEPARTMENT CITIZEN COMMENDATION FORM



Instructions:

1. Complete with as many details as possible
2. Mail or deliver to: The Somerville Police Professional Standards Division
220 Washington St, Somerville, MA 02143

Fax to: 617-628-4936

Email: professionalstandards@police.somerville.ma.us

Today's Date:

Your Information:

Name:	
Mailing Address:	
Phone Number:	
Email Address:	

Officer(s) Involved:

Officer Name (If Known):	
Badge Number (If Known):	

Officer Name (If Known):	
Badge Number (If Known):	

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Badge Number (If Known):	

Incident Details:

Date of Contact With Officer(s):	
Time of Contact With Officer(s):	
Contact Location:	
Incident Report Number (If Known):	

Summary of Event:

Signature of Citizen: _____ Date: _____

Officer Receiving Report: _____ Date: _____