



COMMENDATION OF PERSONNEL

City of Inver Grove Heights Police Department
8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525 Fax (651) 450-2543

The Department seeks to recognize and commend department members who perform their duties with professionalism.

The completion of this form is the first step in recognizing and commending our department members. Please complete this form; attach additional pages if necessary.

Please return to the address at the top. It can also be emailed to: IGHPDfeedback@ighmn.gov

INCIDENT INFORMATION			
Location of Occurrence:	Date/Time Occurred:	Related Report #:	
REQUESTERS INFORMATION			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		
DEPARTMENT MEMBER OF REFERENCE			
Department Member Name:	Badge # (if applicable):	Squad # (if applicable):	
ADDITIONAL DEPARTMENT MEMBER INVOLVED/PRESENT: IF KNOWN <small>(please copy form as needed)</small>			
WITNESSES: IF KNOWN <small>(please copy form as needed)</small>			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		

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Please describe a narrative of the event(s), include all relevant information such as; the reason you believe the department member should be recognized and commended. If needed you may include additional pages. Include copies of any supporting documents you may have. Please sign and date additional pages.

SUMMARY OF COMPLAINT

CERTIFICATION OF INFORMATION

I hereby certify that the information in this complement is true and accurate to the best of my knowledge and belief.

Signature _____ Date _____