MAPLEWOOD POLICE DEPARTMENT
PERSONNEL COMMENDATION AND COMPLAINT FORM

Type of Information: ☐ **Commendation** ☐ **Complaint**

Please provide known or available information below

Citizen's Name (last, first, MI)	**Address**	**City/State**	**Zip**

Residence Phone	**Business Phone**	**Date of Birth**	**Driver's License #**

Location of Occurrence	**Date/Time Occurred**	**Date/Time Reported**	**How Reported**
			☐ Person ☐ Phone ☐ Letter

Case # or Citation #	**Arrested**	**Injured**	**Employee Injured**
	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

1. Witnesses, if applicable (full names, addresses, phone numbers):

2. Additional police employees involved, if applicable:

3. Incident summary:

Submitter's Signature	**Date**	**Forwarded/Assigned To**	**Date**

p:/forms/commendations and complaints