



IDAHO STATE POLICE

700 S. Stratford Dr. · Meridian, Idaho 83642
Phone (208) 884-7000 · Fax (208) 884-7290

I wish to file a Commendation

INFORMATION ABOUT YOU

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Msg. Phone: _____
E-Mail Address: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____
Date of Incident: _____ Time of Incident: _____
_____ A.M./P.M. (circle one)
Officer(s)/Employee(s) Involved (names(s) and/or
description): _____

WITNESSES/OTHERS INVOLVED
Use additional paper if necessary

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

Last Name: _____
First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Involvement: _____

STATEMENT/DESCRIPTION OF INCIDENT
Use additional paper if necessary

Please describe the incident in detail: _____

(You may use additional sheets or submit a separate written statement)

DESIRED OUTCOME

Please specify what outcome you are seeking: _____

I certify that the foregoing information is true to the best of my knowledge:

PRINT NAME: _____

SIGNATURE: _____

(Signature of Complainant (or parent/guardian if Complainant is under 18)

DATE: _____