

 "To Protect and Serve"	WESTPORT POLICE DEPARTMENT 50 Jesup Road Westport, CT 06880 203-341-6000	FORM # PD-67 REV 3-17
	Form Title <h2 style="text-align: center;">COMMENDATION FORM</h2>	

You may fill this form out online and submit by using the "submit form" button on the second page. Or you may print it out, fill it in using pen and ink and drop off or mail it to the address at the bottom of the second page. Mac users should use Reader, not Preview, to fill in the form online.

We strive to provide a quality police service and you can help us accomplish that when you contact us regarding what you consider to be outstanding performance. We value your opinion and thank you for your interest.

Please provide as much information as possible:

Your Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Location of Incident: _____

Date: _____ Time: _____

Westport Police personnel involved (if name is not known please indicate that):

Name: _____ ID #: _____

Describe the incident/complaint. Continue on the next page if necessary.

[Empty rectangular box for signature and date]

Your signature: _____ Date: _____

If submitting anonymously, mail or drop off completed from to:

**Westport Police Department
Office of Professional Standards
50 Jesup Road
Westport, CT 06880**

Submit form by email