Tipton Police Department
Personnel Compliment

Type: ☐ Compliment ☐ Page 1 of ____

Reporting Person's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Email: _____

Received by: ☐ In Person ☐ Mail ☐ Email ☐ Phone ☐ Other (e.g., text, social media)

Employee Name: _____ Date / Time of Incident: _____

Location: _____

Compliment: _____

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Narrative: _____

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Reporting Person's Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Continued on Supplemental: ☐ No ☐ Yes

Office Use Only

Supervisor Receiving Report: _____ PIN: _____ Date/Time: _____

Chief of Police Signature: _____ PIN: _____ Date/Time: _____