

## Bucyrus Police Department Compliment Form

Complementor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BPD Employee you wish to compliment: \_\_\_\_\_  
(Employee's Name)

Summary of the Employee's Complimentary Work:

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Location of Incident: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

Complementor Signature: \_\_\_\_\_ Date/time: \_\_\_\_\_

Received by: \_\_\_\_\_ Date/time: \_\_\_\_\_