Fayetteville Police Department
Commendation Report

Date: Time: Comments Received By:

Incident Date: Time: Incident Type:

Case Number if Applicable:

Commentor's Name:
Address:
Phone Number:

Employee's Name or Description:

Any Other identifiable characteristics:

Witnesses:

Was a Written Statement Received? ☐ Yes ☐ No

Briefly Describe the Incident.

Report Received By:

Shift Commander: _____ Date: _____
Division Commander: _____ Date: _____
Chief of Police: _____ Date: _____

Revised 01/2003