Dalhart Police Department
Compliment Form

Date: _____

Time: _____

Information

Name: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Occupation: _____

Home Phone #: _____ Work #: _____

Times you are at work? _____

Type of Compliment: _____

Officer(s) Involved: _____

Witness to the Event: _____
(phone numbers also)

Date/Time action took place: _____ Location: _____

Summary details of the compliment: (you will have to give a statement of the event)

_____

_____

_____

_____

_____

_____

_____

Date: _____

Signature: _____

Copy Received by Officer: _____ Date: _____ Time: _____