



OSAGE BEACH POLICE DEPARTMENT EMPLOYEE COMPLIMENT REPORT

DATE OF REPORT	REQUESTING <small>ATTA-BOY: RECOGNITION: COMMENDATION: OTHER:</small>		
NAME			
ADDRESS			
PHONE #		EMAIL	
DATE & TIME OF INCIDENT		ADDRESS WHERE INCIDENT OCCURED	
NAME OF PERSON(S) YOU ARE COMPLIMENTING , IF KNOWN			
1.		3.	
2.		4.	
SUMMARY OF COMPLIMENT			
USE OTHER SIDE IF NECESSARY			
Signature of Supervisor			Date
Lieutenant's Signature			Date

