

Madison Police Department

9 Campus Drive, Madison CT 06443

(203) 245-2721

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Civilian Recommendation for Staff Recognition

CFS number (if known)

OFFICER'S INFORMATION

Officer Involved:

Officer Involved:

RECOMMENDER'S INFORMATION

Name:

Phone(s):

Address:

Please provide as much information about the reason you are filing this recommendation. Specific information regarding the date, time and location will aid in the investigation of your recommendation based upon internal records management data, particularly if you do not know the officer(s) name.

Date of Contact:

Time:

Location:

Case Number (if known)

REASON FOR RECOMMENDATION (attach additional pages if necessary)

CONTINUE TO NEXT PAGE



Civilian Recommendation for Staff Recognition

RECOMMENDATION NARRATIVE (continued)

[Large empty box for recommendation narrative]

WITNESS INFORMATION

Name: Phone(s):
Address:

WITNESS INFORMATION

Name: Phone(s):
Address:

ADVISEMENT/SIGNATURE

I make this statement of my own free will and accord, without threat or promise. I understand that giving a false statement is punishable under section 53a157 of the Connecticut General Statutes (). I have read the above information and it is the truth to the best of my knowledge

SIGNED: _____

Subscribed and Sworn to me this _____ day of _____ 20__

NOTARY PUBLIC: _____

INTERNAL USE ONLY BELOW

Supervisor Assigned:

Date Received:

Forwarded to Chief's office: