



## PERSONNEL ACCOLADE / COMPLIMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE/TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

OFFICER(S) / PERSONNEL INVOLVED (if known): \_\_\_\_\_

WITNESS(ES) (NAME & PHONE): \_\_\_\_\_

**NARRATIVE / SYNOPSIS OF INCIDENT**  
(Describe incident and nature of complaint in detail.)

**Additional Pages Attached:                      YES                      NO**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE / TIME

PLEASE SUBMIT FORM TO THE CHIEF OF POLICE VIA FAX (215-453-6062),  
E-MAIL TO [CENGELHART@HILLTOWNPD.ORG](mailto:CENGELHART@HILLTOWNPD.ORG) OR  
MAIL TO HILLTOWN TOWNSHIP POLICE DEPARTMENT P. O. 260, HILLTOWN, PA 18927