

6 & + 2 + \$ 5 VILLAGE POLICE DEPARTMENT  
Compliment Form

Instructions: If you would like to praise a 6 F K R Village Police Department employee, please fill out this form and return it to the 6 F K R Village Police Department at the address below. Personal information will not be disclosed to the public, unless required by law.

PLEASE PRINT LEGIBLY

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Street Address

Sex: ( ) M ( ) F ( ) Other

\_\_\_\_\_  
Street Address Line 2

Age: \_\_\_\_\_

\_\_\_\_\_  
City

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
State Zip Code

Phone Number(s)

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Mobile

Information about the Incident

Location:

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Line 2

Time: \_\_\_\_\_ AM/PM (Please Circle)

\_\_\_\_\_  
City

6 & + 2 + \$ 5 COUNTY SHERIFF'S OFFICE  
Compliment Form

Name of Sheriff's Office Employee:

Badge # (if known): \_\_\_\_\_

\_\_\_\_\_

Name of Second Employee

Badge # (if known): \_\_\_\_\_

\_\_\_\_\_

Nature of Action: Check all that apply

	Yes	No
Extremely Helpful	<input type="checkbox"/>	<input type="checkbox"/>
Very Caring/empathetic	<input type="checkbox"/>	<input type="checkbox"/>
Did a great job	<input type="checkbox"/>	<input type="checkbox"/>
Made an extra effort	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Facts:

Describe in detail the action(s) of the officer(s) that led you to file this compliment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Please return to:  
Lieutenant Jason Temple  
Schoharie Police Department  
PO Box 219  
Schoharie, NY 12157