



# Saugus Police Department

## Commendation Form

Dispatch Call Number <i>(if applicable)</i> :	
Name <i>(Print)</i> :	Officer/Employee Name or ID # <i>(if known)</i> :
Address <i>(No., Street, City/Town, ZIP)</i> :	Date & Time Incident Occurred:
Phone Number:	Alternate Phone Number:

**Written statement** of the Incident that resulted in this commendation:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# Saugus Police Department Commendation Form (continued)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Name of Witness: (if applicable)	Address (No., Street, City/Town, ZIP):	Phone Number:
Name of Witness: (if applicable)	Address:	Phone Number:

---

Signature
Date
Parent/Guardian Signature (*if under 18*)

Name of Supervisor Taking Commendation ( <i>Print</i> ):	Rank & Employee ID # of Supervisor:
Signature of Supervisor Taking Commendation:	Date & Time: