HOBART POLICE DEPARTMENT

705 E. 4TH Street, Hobart, IN 46342

Compliment Form

NAME | ADDRESS (CITY, STATE, ZIP) | PHONE NUMBER (HOME)

WITNESS NAME | ADDRESS (CITY, STATE, ZIP) | PHONE NUMBER (HOME)

PERSONNEL INVOLVED (OR DESCRIBE– BADGE # HT, WT, HAIR COLOR, RACE, GENDER)

DATE & TIME OF INCIDENT | LOCATION OF INCIDENT

DETAILS OF COMPLIMENT

I, _____, do hereby affirm that the information provided by me is true and complete to the best of my knowledge. I understand this compliment, or parts of this compliment may be quoted for publication by the Hobart Police Department or media.

I allow the release of the following to HPD & media:

- [ ] Last Name
- [ ] First Name
- [ ] City, State
- [ ] Full Address
- [ ] Phone Number (for further comment)

Thank you for taking the time to compliment our Officer (s). They will receive feedback and recognition for their efforts and a copy of this compliment form will be placed in their personnel file. The Hobart Police Department's mission is to always be vigilant in our efforts to preserve the peace and dignity of our community, while remaining mindful of the impact that our actions have on maintaining and enhancing the quality of life for the residents we serve.

Signed_____ this ____ day of _____, 20____
In the City of Hobart, Lake County, IN

If additional writing space is needed, additional pages may be attached.