



SCHOHARIE VILLAGE POLICE DEPARTMENT
Compliment Form

Instructions: If you would like to praise a Schoharie Village Police Department employee, please fill out this form and return it to the Schoharie 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: Male Female

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



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Compliment Form

Name of Police 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 Village Police Department
PO Box 219
Schoharie, NY 12157