

## COMMENDATION FORM Date Received: \_\_\_\_\_

Commendation #:

Name:	Pronouns:															
Street Address:											Date of Birth:					
City, State, Zip Code:																
Primary Phone:						Prir	nary Em	nail:								
These questions are	e volunta	ry and	will n	ot affe	ct the	Compla outcome			-		you provide ł	elps us	better s	erve Phi	ladelph	nia.
·	er					·	Race									
Male				Fe	emal	е	White				Black/Afric Americai			n		
Trans Male			Trans Fe			nale	Asian				American Indian/ Alaska Native					
Non-binary/Third Gender			Prefer not to			answer	Native Hawaiian/Other Pacific Islander					Prefer not to answer				
Prefer to self-describe:								Other/Not listed:								
Ethnicity																
Hispanic/Latinx										Not Hispanic/Latinx						
Disability																
Do you have a disability?		١	Yes No Is your disability					y relate	related to the incident?					Yes		No
If yes, please list disability here:																
Note: CPOC only has jurisdiction over the Philadelphia Police Department. Commendations involving other police departments will be forwarded to the appropriate agency.																
Did the incident involve a Philadelphia Police					_		Yes				No					
Police Officer Involved Information																
Badge #	Name				Race/Gender				Identifying Features (e.g., hair, height, e						<b>)</b>	
Date and Time of incident:																
Location of incident:																
	Continue on next page															

Phone: (215) 685-0891

Fax: (215) 685-0895

Email: CPOC@phila.gov



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Commendation #:

Please describe	incident in detail:					
Use additional n	aper if necessary.					
OSC daditional p	uper if necessary.					
Certification						
<u>eci dinadion</u>						
I hereby certify to the best of my knowledge, the st	atements made on this commendation are true.					
Signature	 Date					
How did you bear about the Philadelph	ia Citizens Police Oversight Commission?					
Internet:	Publication:					
Referral:	Other:					

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