

# COMMENDATION FORM

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

Commendation #: \_\_\_\_\_

<b>Name:</b>			<b>Pronouns:</b>	
<b>Street Address:</b>			<b>Date of Birth:</b>	
<b>City, State, Zip Code:</b>				
<b>Primary Phone:</b>		<b>Primary Email:</b>		

**Complainant Demographics**

*These questions are voluntary and will not affect the outcome of your complaint. Any data you provide helps us better serve Philadelphia.*

Gender				Race			
Male		Female		White		Black/African American	
Trans Male		Trans Female		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	
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**Disability**

Do you have a disability?	Yes	No	Is your disability 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 Officer?	Yes	No
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**Police Officer Involved Information**

Badge #	Name	Race/Gender	Identifying Features (e.g., hair, height, etc.)

Date and Time of incident:	
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Location of incident:	
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**Continue on next page**

