



LONGMONT DEPARTMENT OF PUBLIC SAFETY COMPLIMENT FORM

How did you learn about the process for filing a compliment?

Business Card

Staff

Website

Other

REPORTER INFORMATION

First Name:

Last Name:

Contact Phone:

E-mail:

Race:

Gender:

Date of Birth:

Language Spoken:

EVENT INFORMATION

Employee Name:

Employee ID Number:

Employee Vehicle License or Identification Number:

Incident Location (Address, Cross Streets or Business Name):

City and State:

Incident Date:

Incident Time:

Incident Description:

(additional information may be provided - please include and return with this form)

*Please return to the **Office of Professional Standards**
at psu@longmontcolorado.gov or to the address listed below.*