



The City of
OKLAHOMA CITY
 POLICE DEPARTMENT

Formal Commendation Form

The mission of the Oklahoma City Police Department is to deliver exceptional police services to our community with integrity, compassion, accountability, respect, and equity.

Submitter Information

If you would like to remain anonymous, please check this box:

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Business Address: _____ Business Phone: _____

E-mail Address: _____

I, _____, make the following true and correct statement voluntarily, of my own free will. It is made without any threat, coercion, offer of benefit, favor or offer of favor, by any person whatsoever.

Employee Information

Name of Officer or Employee (if known): _____

If unknown, provide description: _____

Employment: _____

Incident Occurred: _____/_____/_____ at _____ AM PM
Month Day Year

Location of Incident: _____

On the pages that follow, describe in detail the nature of the incident, giving specific details, statements, and/or locations.

Mail, email, or deliver the completed packet to:

Oklahoma City Police Department
 Office of Media Relations
 700 Colcord Drive
 Oklahoma City, OK 73102
 ocpd.pio@okc.gov

 Name of Submitter

 Date of Statement

Continuation of Formal Commendation

Submitter: _____

Employee: _____

In narrative form, please describe or explain the actions of the employee and/or the description of the event/incident:

Name of Submitter

Date of Statement

Continuation of Formal Commendation

Submitter: _____

Employee: _____

In narrative form, please describe or explain the actions of the employee and/or the description of the event/incident:

I, _____, have read (or have had read to me) the foregoing statement, consisting of _____ pages, and affirm the facts contained therein are true and correct.

Name of Submitter

Date of Statement

Page _____ of _____