RADFORD UNIVERSITY POLICE DEPARTMENT COMMEND A COP FORM

When you receive service from RUPD that you feel is worthy of a commendation, we would like to hear about it. Please include all the information you can remember such as the employee's name, the date, time, and circumstances of the outstanding service. The employee and his/her supervisor will be notified of your commendation and a copy will also be placed in his/her employee file. Return form to the Allen Building or mail to PO Box 6883, Radford VA 24142.

YOUR Information:

Name:		
Address:		
Phone: Residence		Home/Other
Date and time of incid	lent:	
Location of incident:		
Name/Identifiers of o	officer being commende	d (car number, badge number, etc.):
Rank:	Name:	
Badge #:	_ Vehicle: _	
Other:		
Details of Incident:		
(I	f further space is needed,	use reverse side of the sheet.)

Signature