

**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 incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

**Name/Identifiers of officer being commended (car number, badge number, etc.):**

Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Badge #: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Other: \_\_\_\_\_

**Details of Incident:**

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(If further space is needed, use reverse side of the sheet.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date