



COMMENDATION OF PERSONNEL

City of Inver Grove Heights Police Department
8150 Barbara Ave, Inver Grove Heights, MN 55077

(651) 450-2525 Fax (651) 450-2543

The Department seeks to recognize and commend department members who perform their duties with professionalism.

The completion of this form is the first step in recognizing and commending our department members. Please complete this form; attach additional pages if necessary.

Please return to the address at the top. It can also be emailed to: IGHPDfeedback@invergroveheights.org

INCIDENT INFORMATION			
Location of Occurrence:	Date/Time Occurred:	Related Report #:	
SUBMITTER INFORMATION			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		
DEPARTMENT MEMBER OF REFERENCE			
Department Member Name:	Badge # (if applicable):	Title:	Squad #:
ADDITIONAL DEPARTMENT MEMBER INVOLVED/PRESENT: IF KNOWN (please copy form as needed)			
WITNESSES: IF KNOWN (please copy form as needed)			
Name (Full First, Middle, Last):			Date of Birth:
Residential Street Address:	City:	State:	Zip Code:
Phone Number:	Email Address:		

