



UNION CITY
POLICE DEPARTMENT
Compassion ~ Proficiency - Respect



COMMEND AN OFFICER FORM

Citizen Information

Full Name:

Address:

City / State / Zip:

Phone Number:

Email:

Officer Information (If Known)

Officer Name:

Badge #:

Unit / Division:

Date of Incident:

Location:

Commendation Details

Please describe the officer's actions and why you are submitting this commendation: