



PINOLE POLICE DEPARTMENT

880 Tennent Avenue
Pinole, CA 94564
(510)724-8950
www.pinole.gov

Melissa Klawuhn, Chief of Police

CITIZEN REPORT **Employee Commendation**

Date Filed: _____ Time Filed: _____

Reporting Person: _____

Address: _____

Home Telephone: _____ Other Telephone: _____

Case or Incident Number(s) (If Known): _____

Location of Occurrence: _____

Time of Occurrence: _____ Date of Occurrence: _____

Police Personnel Involved: _____

Summary of Situation:

(Use space on back or additional sheets of paper if needed)

Specific Commendation: _____

Signature of Person Filing: _____

Department Use:

Report Received by: _____ *Date:* _____

Related Case/Citation Number(s): _____

Additional Summary Space

POLICE DEPARTMENT ROUTING OF CITIZEN REPORT

How was this Citizen Report Received? ☐ Phone ☐ Letter ☐ In Person

☐ Other (Specify)_____

Report Routed To:_____Date:_____

Report Routed To:_____Date:_____

Report Routed To:_____Date:_____

Personnel Order Number Issued: _____Date:_____

Miscellaneous Information/Comments:_____
