Rhinelander Police Department Employee Commendation

Date of contact with e	mployee:			
Time of contact with 6	employee:			M □PM
Location of contact (i.	e., address, cross streets.	or busines	ss name, etc.))
Employee's name, Ba	dge Number (if known)	and assign	nent	
Name Badge Number		Assignment		
Name	Badge Number		As	ssignment
Name	Badge Number		As	ssignment
☐ Traffic Crash ☐ Made a report at po ☐ Other ☐ What would you like t	olice station o commend about the er	Witness a	ease a prisone at a police in performance	vestigation
			(Co	ontinue on Reverse
Print your Name	S	ignature _		
Street Addre	ess C	lity	State	Zip Code
Received by:	F	Employee's Signature:		