

NORTH MIAMI POLICE DEPARTMENT

EMPLOYEE COMMENDATION or COMPLAINT

COMMENDATION:

COMPLAINT:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Officer Name & Badge Number: _____

Circumstances of Incident:

Please drop off or mail the completed form to:

North Miami Police Department
700 NE 124th Street
North Miami, Florida 33161
e-mail: professionalcompliance@northmiamipolice.com