

## Ione Police Department 1 E. Main Street / P.O. Box 398 Ione, CA 95640

## **COMPLIMENT BY MEMBERS OF THE PUBLIC**

riease Type of Filit.				
NAME – LAST, FIRST, MIDDLE				
RESIDENCE ADDRESS	CITY	STATE	ZIP	RESIDENCE TELEPHONE
BUSINESS NAME				OCCUPATION
BUSINESS ADDRESS	CITY	STATE	ZIP	BUSINESS TELEPHONE
I WISH TO COMPLIMENT:		Officer Name, Badge	# or Cor #	
		Officer Name, Bauge	#, 01 Cal #	
Date of occurrence:	Appr	oximate time of o	ccurrence: _	□a.m. □p.m.
Location of occurrence:				
Description of a second				
Description of occurrence: (Atta	ach additional sheets if necessary):			
DECEMBRO OFFICED / 15"	DATE:		ADDED TO:	DATE
RECEIVING OFFICER / ID#:	DATE	FORW.	ARDED TO:	DATE