



COMMENDATION FORM

CITY OF MILWAUKEE FIRE AND POLICE COMMISSION
City Hall, Room 706, 200 East Wells Street, Milwaukee, WI 53202
(414) 286-5000

E-mail: fpc@milwaukee.gov
Website: www.city.milwaukee.gov/fpc

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Initial: _____ Birth Date: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

INFORMATION ABOUT THE INCIDENT

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

INFORMATION ABOUT THE EMPLOYEE

Department employee(s) involved: Name(s) and/or physical description:

STATEMENT/DESCRIPTION OF INCIDENT

Describe the incident in detail:

(You may use additional sheets or submit a separate written statement)

WITNESSES/OTHERS INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____ Involvement: _____

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____ Involvement: _____

(You may use additional sheets if necessary to list other involved persons)

DESIRED OUTCOME

What would you like to have happen as a result of filing this commendation?