



POLICE DEPARTMENT

Chief of Police John D. Noland



COMMENDATION / COMPLAINT FORM

You may print and submit your completed form in person to the Records Bureau or mail to: Sahuarita Police Department
315 W. Sahuarita Center Way
Sahuarita, AZ 85629

Reporting Party Information:

Name: _____ Date of Birth: _____

Address: _____

Male Female Phone: _____ Best time to call: _____

Email: _____

SPD Staff Member Information:

Name: _____ Job Title: _____

Type of Contact: _____ Date of Contact: _____

Location of Contact: _____ Time of Contact: _____

SPD Staff Member Information:

Name: _____ Job Title: _____

Type of Contact: _____ Date of Contact: _____

Location of Contact: _____ Time of Contact: _____

Instructions:

On page 2, backside of this form, describe the actions of the person(s) you identified in this commendation or complaint that you believe are commendable or have violated a department rule, town ordinance, state or federal law, or standards of acceptable conduct. Be as specific as possible.

Community * Safety * Service

Town of Sahuarita | 315 W. Sahuarita Center Way | Sahuarita, AZ 85629 | 520.344.7000 | www.sahuaritaaz.gov

