

# CITIZEN's COMPLIMENTS



Reno County Sheriff's Office  
206 W 1st Avenue  
Hutchinson, Kansas 67501

Information about You

Printed Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Heading

Location: \_\_\_\_\_  
Day of the Week: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM  
Would you prefer that the NAACP be informed of this compliment? Yes No

Compliment Details

Describe what happened: Include officers name if known and all details. Attach additional pages if needed.

Use Continuation Form (Reverse) for Additional Space

Witnesses if any

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use Continuation Form (Reverse) for Additional Witnesses

I \_\_\_\_\_, attest the above statement is true and accurate  
Signature

Date and Hour Report Submitted: \_\_\_\_\_

Signature of RNSO Official Receiving this Report: \_\_\_\_\_

Date and Hour Report Received: \_\_\_\_\_ (OVER)

# Continuation Sheet

Compliment Details Continued

Continue Describing what happened:

Additional Witnesses if any

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RNSO Office Use