

SPRINGETTSBURY TOWNSHIP  
POLICE DEPARTMENT

**Compliment Documenting Form (CDF) Instructions**

PLEASE FILL IN EACH BLOCK TO THE BEST OF YOUR ABILITY.

**Block #1** – NAME OF PERSON PROVIDING COMPLIMENT – Full Name

**Block #2** – PERSON PROVIDING COMPLIMENT CONTACT INFORMATION -  
Address, phone(s), and email.

**Block #3** – DEPARTMENT PERSONNEL INVOLVED – Include the name, rank, badge or employee number, and the car number, if known. If unknown, describe the involved Department personnel in the remarks.

**Block #4** - REMARKS – Please provide a description of the extraordinary and outstanding actions, achievements, performance, or services of the Department and/or its personnel that resulted in this compliment. If possible, include the date, day of week, and time of day, along with the identity or physical description of the involved Department personnel. Also list the names, addresses, and telephone numbers of anyone who was present.

**Block #5** – SIGNATURE — Sign the form.

**Block #6**- DATE- Date form was signed.

**Internal Use:** The receiving person shall print and sign his/her name, including badge/employee number, and indicate the date/ time of receipt. Additionally, receiving personnel shall indicate the date/ time forwarded and to whom the report was forwarded.

Questions regarding the completion of the CDF may be directed to any Department personnel at (717) 757-3525 or via US mail at:

*Springettsbury Township Police Department  
1501 Mount Zion Road  
York, PA 17402*

SPRINGETTSBURY TOWNSHIP POLICE DEPARTMENT

**COMPLIMENT DOCUMENTING FORM (CDF)**

**TRACKING#**

1. NAME OF PERSON PROVIDING COMPLIMENT:	FIRST	M.I.	LAST	
	STREET/P.O. BOX			
2. CONTACT INFORMATION OF PERSON PROVIDING COMPLIMENT:	CITY			
	STATE	ZIP	HOME TELEPHONE NO.	WORK TELEPHONE NO.
			CELL PHONE NO.	EMAIL ADDRESS
3. DEPARTMENT PERSONNEL INVOLVED:	<u>NAME</u>		<u>RANK</u>	<u>BADGE/EMPLOYEE#</u>
				<u>CAR#</u>

**4. REMARKS:** Please provide a description of the extraordinary and outstanding actions, achievements, performance, or services of the Department and/or its personnel that resulted in this compliment. If possible, include the date, day of week, and time of day, along with the identity or physical description of the involved Department personnel. Also list the names, addresses, and telephone numbers of anyone who was present. If additional space is necessary, please use the reverse side.

5. SIGNATURE:	6. DATE:
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Internal use	Rec'd by:	Fwd to:
	Date/Time Rec'd:	Date/Time Fwd: