



Department Compliment Form
CB Buck Stevens – Constable



281-997-9777
 constable3COMPLIMENT@brazoria-county.com

Please use this form to reward an employee for a job well done!

Please complete the following information:

Your Name

Home Address

City

State

ZIP

Cell Phone

Home Phone

Work Phone

Name of Employee(s) Involved (if known)

1.

Officer Name

Badge#

2.

Officer Name

Badge#

Incident Information

	Location			
Date	Time	AM	PM	

Witnesses

1.

Name

Phone#

2.

Name

Phone#

3.

Name

Phone#

4.

Name

Phone#

Narrative of Incident (Include as many details as possible)

Print Name

Date

Witness Name

Date

You may also print and send this form, once complete, to constable3COMPLIMENT@brazoria-county.com