<table>
<thead>
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<th>How Received:</th>
<th>Mailed In</th>
<th>On-Line</th>
<th>In Person</th>
</tr>
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<td>Received by:</td>
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<td></td>
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</tr>
<tr>
<td>Date/Time</td>
<td></td>
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<tr>
<td>Reporting Party Information</td>
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</tr>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Home Address:</td>
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<tr>
<td>Home Phone:</td>
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<tr>
<td>Work Address:</td>
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<tr>
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<td>Cell Phone:</td>
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<tr>
<td>Employee’s Name:</td>
<td>Badge # (if applicable):</td>
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<tr>
<td>Date and Time of Incident:</td>
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<td>Location of Incident</td>
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<tr>
<td>Nature and Details of Commendation:</td>
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</tr>
</tbody>
</table>

Signature ____________________________ Signature of person receiving report

If mailing please send to:

Bellingham Police Department
505 Grand Ave
Bellingham, WA 98225
POL 29B REV 12/11