

CERRITOS COLLEGE POLICE DEPARTMENT COMMENDATION / SUGGESTION & COMPLAINT FORM



NAME	TODAY'S DATE	EMAIL ADDRESS
HOME ADDRESS		PHONE NUMBER
LOCATION OF OCCURANCE		DATE & TIME OF INCIDENT
NAMES AND	D/OR ID NUMBERS OF OFFICERS INVOI	VED (IF KNOWN)
	DING YOUR COMMENDATION, SUGGES TIONS, WITNESSES, AND ANY OTHER S	TION, OR COMPLAINT, INCLUDING ANY UPPORTING INFORMATION
SIGNATURE	DATE	_

PLEASE MAIL OR DELIVER YOUR COMPLETED FORM TO:

CERRITOS COLLEGE POLICE DEPARTMENT, ATTN: CHIEF DON MUELLER, 11090 NEW FALCON WAY, CERRITOS, CA 90703. YOU CAN ALSO SCAN AND EMAIL THE FORM TO: DMUELLER@CERRITOS.EDU