

**LAGO VISTA POLICE DEPARTMENT**  
Office of Professional Standards  
Citizen Compliment Form



The Lago Vista Police Department is committed to providing the highest quality of police service to the community. Our mission is to engage, inspire, and protect everyone and our guiding values are community, empathy, accountability, and honor. In order to recognize excellence within our department, it is helpful to have community input. We encourage and request members of our community to provide the below information for department member recognition. Based on the compliment or commendation, you may be contacted for additional information. While the agency does accept anonymous information, it is more difficult to confirm.

**Please provide your name, address, and contact information**

YOUR NAME	TELEPHONE	EMAIL
HOME ADDRESS	CITY	ZIP

**In order to begin the process of identifying the member(s) of the Lago Vista Police Department to whom you are referring, please provide the employee's name, badge number, vehicle number, and /or a physical description of the member(s). The information that you provide below will assist the Office of Professional Standards in addressing your compliment or complaint.**

Officer's Name	Badge #	Vehicle Number	Officer's Physical Description
1.			
2.			
3.			

DATE AND TIME OF INCIDENT	LOCATION OF INCIDENT
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**Please provide a brief description of the event that occurred. Feel free to attach additional sheets if necessary.**

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This information may be turned in to the Lago Vista Police Department via email ([email here](#)), in person, or mailed to us at:

**Lago Vista Police Department**  
5901 Municipal Complex Way  
Lago Vista, TX 78645