If you would like to commend an employee of the Niagara Frontier Transportation Authority Police Department, please complete this form. You may either mail it to the address below or deliver to the Department. You may also commend an employee by calling the department at (716) 855-7660 and speaking with the employee’s supervisor, or emailing your comment to: info@nfta.com

Mail to:  NFTA Police Department  
Chief of Police, George Gast  
1404 Main Street  
Buffalo, New York 14209

Commendations received by the Department are forwarded to the employee and supervisor with a copy placed in his or her personnel file. The Transit Police Department is committed to serving and protecting the traveling public.

Your Name ____________________________________________________________________________
Street Address ____________________________________________________________________________
City __________________________ State __________ Zip Code __________
Home Phone (____) __________________________ Daytime Phone (____) __________________________
Involved Officer(s) Name __________________________________________ Badge # __________
Name __________________________________________ Badge # __________
Name __________________________________________ Badge # __________
Description, if name(s) is unknown ____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Location of Occurrence ____________________________________________________________________________
Date of Occurrence __________________________ Time __________________________
Description of Event/Occurrence ____________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
(Attach additional pages, if necessary)
Signature ____________________________________________________________________________ Date __________

FOR OFFICIAL USE ONLY

Officer Receiving Commendation
Name __________________________ Badge # __________ Date __________