

**Garland County Sheriff's Department
Employee Commendation Form**

Nature of Commendation:

Date:

Citizen's Name:

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Other Phone:

If applicable, please list other witnesses or parties involved:

Officer/Employee involved:

Badge # :

Officer/Employee involved:

Badge # :

Location of incident:

Date & Time of incident:

Commendation received by:

Date:

Forwarded to:

From:

Re-Forwarded to:

From:

Summary of Incident (__ Additional information attached.)