



# OCONTO COUNTY SHERIFF'S OFFICE CITIZEN COMMENDATION FORM

**NOMINATION BY:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INFORMATION ABOUT THE INCIDENT**

Location of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM (circle one)  
Department employee(s) involved: Recipient Names or physical description: \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT/DESCRIPTION OF THE INCIDENT**

Describe the incident and explain why the employee should be commended: \_\_\_\_\_  
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(You may use additional sheets or submit a separate written statement)

