



**EMPLOYEE COMMENDATION FORM**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Employee's Name or Identification Number: \_\_\_\_\_

Please give a brief description of the incident and detail why you would like to commend the employee:

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Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
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\_\_\_\_\_

Please fax or mail form to:  
New Lenox Police Department  
701 W. Haven Ave.  
New Lenox, IL 60451  
Fax: 815-462-6101