



Personnel Commendation Form

Our employees take great pride in their work and appreciate knowing that they have helped citizens or provided exceptional police services. If you wish to commend a member of the King County Sheriff's Office, please fill out this form.

Please complete this form by typing or by printing clearly in blue or black ink.

Mail this form to: King County Sheriff's Office
Attn: Sheriff's Administration
516 3rd Avenue, Room W116
Seattle, WA 98104-2312

Or email: sheriff@kingcounty.gov

1. Today's Date: _____

2. Information About the Person Making the Commendation

We need this information so that we can contact you.

YOUR NAME	
YOUR ADDRESS (CITY, STATE, ZIP CODE)	
YOUR HOME PHONE NUMBER ()	YOUR WORK PHONE NUMBER ()

3. Information About the Incident or Reason You Are Making the Commendation

THE NAME OF THE EMPLOYEE(S):	CASE # (IF APPROPRIATE):
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:
LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEASE BE SPECIFIC.	
DESCRIPTION OF THE INCIDENT: (ATTACH ADDITIONAL SHEET IF NECESSARY)	