

RUSSELLVILLE POLICE DEPARTMENT

AWARDS-COMMENDATION EMPLOYEE/RESERVE NOMINATION FORM

1. NOMINATED PERSON

NAME: _____ RANK: _____

2. AWARD RECOMMENDED

(_____)

3. DETAILS OF INCIDENT

DATE: _____ TIME: _____ CASE #: _____ *(Attach Copy)*

LOCATION: _____

DETAILS:

4. SUBMITTED BY

NAME: _____ RANK: _____

DATE SUBMITTED: _____

X _____
Signature

X _____
Signature of a Supervisor (Required)

5. COMMITTEE USE ONLY

Date Reviewed: _____

- Approved as requested
- Approved-Modified to _____
- Declined

X _____
Signature of Committee Chairperson (Date)

6. ADMIN USE ONLY

Date Reviewed: _____

- Approved as requested
- Approved-Modified to _____
- Declined

X _____
Signature of Chief of Police (Date)