

Case Number _____

AWARD FOR COMMENDABLE SERVICE NOMINATION FORM
New Haven Department of Police Service

Any police department member or citizen can nominate sworn and civilian members of the New Haven and Yale University Police Departments for recognition of commendable service. Forms should be typed or printed legibly. The original should be submitted directly to the Awards Committee Chair, c/o Chief of Police, New Haven Police Department, One Union Avenue, New Haven, Connecticut 06519 – 1777. A copy should be submitted to the nominee's division supervisor (if applicable/known).

Only nominations submitted on this form will be accepted. Please be as concise and detailed as possible with your nomination and circumstances. Incomplete forms will not be considered. Documentation supporting the nomination (such as incident reports, newspaper clippings, letters of support, program literature or materials, etc.) should be attached to this form.

(Use a separate form for each individual, organization or program being nominated.)

I recommend for commendation or award:

Name:

Rank or title (if any):

Department, Division, Policing District, Substation, or Unit:

Nominee's Mailing Address:

Briefly state the commendable act, action, program or event:

Was this the result of an officer: being dispatched ____, witnessing ____, self-initiated ____, other ____? If other, please explain:

Other participants or witnesses aware of act:

Name:

Address:

Town:

Daytime telephone:

Name:

Address:

Town:

Daytime telephone:

Briefly describe why the act or contribution deserves an award. Descriptions should address the judging criteria used by the Awards Committee (see "Documentation" above) and include the nominee's intent as well as the impact of his or her act or contribution.

I am willing to provide further details of this nomination and to speak directly with an Awards Committee member. Further, I submit that all information provided is true and accurate to the best of my knowledge. I understand that the nominee's name, my name and all details provided may become public information.

Name:

Division or Organization (if any):

Address:

Daytime telephone:

Signature:

For additional information please call (203) 946 - 6260

Internal use only

Date and initials of committee receipt: