

# Long Hill Township Police Department

## Employee Commendation

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Date of contact with employee: \_\_\_\_\_

Time of contact with employee: \_\_\_\_\_ AM PM

Location of contact (i.e., address, cross streets, or business name, etc.)  
\_\_\_\_\_

Employee's name, Badge Number (if known) and assignment

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Name	Badge Number	Assignment
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Name	Badge Number	Assignment
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Name	Badge Number	Assignment
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What initiated your contact with the employee?

What would you like to commend about the employee's performance?

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Print your Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number \_\_\_\_\_

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Received by: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

Please print and sign the completed form. Mail the completed form to:

Long Hill Township Police Department  
Attn: Chief of Police  
264 Mercer Street  
Stirling, NJ 07980