

VERNON COLLEGE POLICE DEPARTMENT

OFFICER COMPLIMENT FORM

Vernon College Police Department (VCPD) Officer Recognition / Compliment

Vernon College Police Department is committed to providing professional, courteous, and responsive law enforcement services to students, employees, visitors, and the community.

VCPD welcomes positive feedback and encourages members of the college community and public to recognize employees who demonstrate professionalism, compassion, courtesy, exceptional service, or conduct that reflects positively on the Vernon College Police Department.

Your compliment may be shared with the employee and may be used to recognize outstanding performance.

PERSON SUBMITTING COMPLIMENT

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Email: _____

☐ I wish to remain anonymous.

OFFICER/EMPLOYEE INFORMATION

Officer/Employee Name: _____

Badge/Employee Number, if known: _____

Department/Division, if known: _____

Location/Area: _____

INCIDENT INFORMATION

Date of Incident: _____

Approximate Time: _____

Location: _____

Case/Event Number, if known: _____

TYPE OF RECOGNITION

Please check all that apply:

- ☐ Professionalism
 - ☐ Courtesy and Respect
 - ☐ Exceptional Customer Service
 - ☐ Assistance to a Student
 - ☐ Assistance to an Employee
 - ☐ Assistance to a Visitor/Guest
 - ☐ Emergency Response
 - ☐ Community Engagement
 - ☐ Going Above and Beyond
 - ☐ Compassion/Care
 - ☐ Excellent Communication
 - ☐ Other: _____
-

DESCRIPTION OF COMPLIMENT

Please describe the actions or conduct you would like to recognize. Include as much specific information as possible about what the officer/employee did and how their actions positively affected you or others.

Attach additional pages if necessary.

ADDITIONAL INFORMATION

Were there any other individuals who witnessed or were involved in the incident?

☐ Yes

☐ No

Name(s), if known:

PERMISSION TO CONTACT YOU

May a member of the Vernon College Police Department contact you regarding this compliment?

☐ Yes

☐ No

Preferred method of contact:

☐ Telephone

☐ Email

☐ Other: _____

SUBMITTER ACKNOWLEDGMENT

I am submitting this form to recognize the professional service or conduct of a Vernon College Police Department employee.

Signature: _____

Date: _____

FOR VCPD USE ONLY

Compliment Received By: _____

Date Received: _____

Time Received: _____

Method Received:

☐ In Person

☐ Mail

☐ Telephone

☐ Online

- ☐ Email
☐ Other: _____

Reference Number: _____

Officer/Employee Notified: _____

Date Notified: _____

Supervisor Review: _____

Recognition/Action Taken:

- ☐ Commendation Provided to Employee
☐ Supervisor Recognition
☐ Command Staff Recognition
☐ Employee Personnel File/Recognition Record
☐ Department Recognition
☐ Other: _____

Supervisor Comments:

Reviewed By: _____

Title: _____

Date: _____

HOW TO SUBMIT A COMPLIMENT

Compliments may be submitted to the **Vernon College Police Department** through the department's designated submission methods, including:

- In person
- By mail
- By telephone
- Online
- By email

Vernon College Police Department

Vernon College
Vernon, Texas

Department Telephone: _____

Email: _____

Online Compliment Form: _____

VCPD COMMITMENT

Vernon College Police Department appreciates members of the college community and public who take the time to recognize employees for exceptional service. Positive feedback helps identify and reinforce professional conduct and service that supports the mission of Vernon College and the Vernon College Police Department.