

LINCOLN POLICE DEPARTMENT

AWARD NOMINATION FORM

Name of Employee	Date Submitted
Location of Occurrence	Date & Time of Occurrence
Case Number	Submitted by

Describe the activity, type of action or occurrence, relate facts indicating degree of hazard involved and qualities demonstrated (courage, initiative, judgment, etc.) Attach supporting reports.

REVIEWED BY:

Reporting Supervisor	COIC of Commended Employee
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ACTION TAKEN BY AWARDS COMMITTEE

Medal of Honor _____ Meritorious Conduct Award _____ Life Saving Award _____

Civic Achievement Award _____ Exceptional Duty Award _____

Date _____