



## Recommendation for Recognition or Commendation

The Ohio State Highway Patrol has a long-standing tradition of prompt and professional service. We look forward to hearing from those we serve about the performance of traffic safety services by our employees. If you feel the circumstances warrant, please provide the information requested below. Thank you for taking time to make positive comments about the service you received or observed.

Please mail or fax (614.752.9842)  
the completed form to:

**Ohio State Highway Patrol**  
**Attn.: Office of Human Resource Management**  
**1970 West Broad Street, 3rd Floor**  
**P. O. Box 182074**  
**Columbus, Ohio 43218**

**Name of Highway Patrol employee (if known):** \_\_\_\_\_

**Date and time of the incident:** \_\_\_\_\_

**Location:** (Please describe where the employee's actions occurred, including county, highway, milepost, and nearest municipality, especially if the name of the employee is not known.) \_\_\_\_\_

**Please provide a full account of your commendation or our trooper, dispatcher, auxiliary, or other Highway Patrol employee:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If additional space is required, please use the reverse side of the form.*

Although you may wish to remain anonymous, we would certainly like to know who was so thoughtful to take the time to contact us. The employee and his supervisor or commander will be informed of your commendation, and it will be reflected in his/her personnel file. Sometimes we may need to obtain additional information.

May we contact you? YES  NO

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Daytime Telephone Number** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ **Evening Telephone Number** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** X \_\_\_\_\_