

WSPD COMMENDATION FORM



EMPLOYEE NAME:

RANK/TITLE:

DEPARTMENT/DIVISION:

DATE OF EVENT:

Please describe in detail the excellent customer service experience:

The following information is required to validate the commendation:

Submitter's Name:

Citizen? Yes

No

If No, please list department/division:

Submit this form via email: Commendations@wspd.org

or mail to:

Chief of Police - Winston-Salem Police Department
725 N Cherry Street
Winston-Salem, NC 27101