



# Los Angeles Fire Department Commendation Record Form

## Submitting a Commendation

If a Los Angeles Fire Department employee has demonstrated exceptional performance that is worthy of an official Commendation, please complete and submit this form.

Comments will be forwarded to the appropriate supervisor and in turn shared with the employee. There may be more than one officer or employee handling an incident/event, so any specific information that can be provided would be greatly appreciated.

The Reporting Party information provides an opportunity for the department to follow-up with the employee deserving of the commendation and verify information or ask additional questions should the original submission lack enough specifics. Once you have completed the form, please print and either fax or mail it to:

Los Angeles Fire Department  
Professional Standards Division  
201 N. Figueroa Street, Ste. 1200  
Los Angeles, CA 90012-4110  
Fax: 213-202-3198 or 3199

**Please complete as much information as you can.**

## Incident Information

Date\*

Time\*

Location of Incident\*

Incident/Event Type\*

Medical Report Number (If applicable)

## Officer or Employee Information

Last Name

\_\_\_ First Name

Badge #

## Type of Unit

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Airport Crash Rescue | <input type="checkbox"/> Ambulance       | <input type="checkbox"/> Arson                      | <input type="checkbox"/> Bicycle Medic      | <input type="checkbox"/> Brush Patrol          |
| <input type="checkbox"/> Command Post         | <input type="checkbox"/> Engine          | <input type="checkbox"/> Fireboat                   | <input type="checkbox"/> Decon Tender       | <input type="checkbox"/> EMS Battalion Captain |
| <input type="checkbox"/> Hazmat               | <input type="checkbox"/> Heavy Rescue    | <input type="checkbox"/> Paramedic Rescue Ambulance | <input type="checkbox"/> Swift Water Rescue |  |
| <input type="checkbox"/> Truck                | <input type="checkbox"/> Tractor Company | <input type="checkbox"/> Urban Search and Rescue    | <input type="checkbox"/> Other:             |  |

## Reporting Party Information

Last Name

First Name

Address

City

State

Zip

Email Address

Phone Number

Preferred Time to Call

## Comments/Statements\*

The Los Angeles Fire Department thanks you for your interest and for taking the time to complete this form.

**\* Indicates mandatory field**