Bradford County Sheriff's Office

945-B North Temple Avenue
P.O. Box 400
Starke, Florida 32091

Employee Performance-Compliment Form

Your Home Address: _____ *City:* _____

State: _____ *Phone#* _(____)_____ *Alternate Phone#* _(____)_____

Business Name: _____ *Business Address:*_____

City: _____ *State:* _____ *Business Phone#* _(____)_____

Date & Time of incident you are referencing: _____*AM/PM* *Case # (if known)* _____

Name and/or the ID number of the Employee(s) you would like to compliment:

Details of Incident (please include why you think the employee or the agency did a great job)

(Note: If more space is required, attach supplement form)

_____ ***Date/Time*** _____***AM/PM***

Signature

For Administrative Use Only

Route to Supervisor of: *Patrol-☐ Admin-☐ Detective-☐ CDC-☐ Jail-☐* *Animal Control-☐ Court Services-☐ Personnel-☐*	*Date:*
Attn: (employee's supervisor/s):	

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Employee Performance-Compliment Supplement

Continuation of the circumstances of the employee's worthy performance.

_____ ***Date/Time _____AM/PM***

Signature