Excellence in Corrections Awards Ceremony
NOMINATION FORM

Sheriff/Superintendent:	Telephone #:
Department:	Address:

NOMINEE/S:
First, MI, Last Name and Town in which Nominee/s currently resides

INCIDENT

Date:	Time:

AWARD LEVEL SUGGESTED (see criteria)
Please select one of the following:

Medal of Honor	Meritorious Recognition
Medal of Valor	Group Award

DESCRIPTION

Please include the following elements into your narrative:
Conditions of circumstances, extent of personal risk, victim risk, assistance, and outcome.

DESCRIPTION (Continued)