

Mount Vernon Police Department



Your Guide To Filing A Commendation For An Employee

City of Mount Vernon

Honorable Ernest D. Davis

Mayor

Terrance Raynor

Police Commissioner

Mount Vernon Police Department

Internal Affairs Unit

2 Roosevelt Square North

Mount Vernon, NY 10550

Telephone: (914) 665-2599
Fax: (914) 663-4307
Email: IAB@pd.cmvny.com

This packet includes:

- Citizen Guide To Filing A Commendation For An Employee
- Employee Commendation Form (MV-97)

Commendations...

Everyone enjoys receiving recognition for their efforts and there is no question that most of the 200 plus officers and non-sworn personnel are doing an outstanding job in our fast growing city. We therefore realize that many people would like to know how to commend our employees for a job well done.

Commendations, either verbal or written, are one of the best ways to let someone know that you appreciate their good work. A commendation for an employee of the Mount Vernon Police Department is most often sent to the Commissioner of Public Safety. You may also advise the employee's supervisor. Your comments can be made in person, by phone, by e-mail, or through an informal note or letter.

A commendation may address any event that you feel demonstrates effort on the part of an employee that deserves special recognition. This may include such acts as; unusual courtesy or compassion, significant life saving measures, or heroic acts.

All commendations are formally documented and affected employees will be notified.

Send your letters to:

**Commissioner of Public Safety
Mount Vernon Police Department
2 Roosevelt Square North
Mount Vernon, NY 10550**

or

E-mail: IAB@pd.cmvny.com

Employee Commendation



**City of Mount Vernon
Police Department**

If you would like to commend an employee of the Mount Vernon Police Department, please fill out this form. Upon completion of this form, you may either return it in person to the Mount Vernon Police Department, or mail it to the **MOUNT VERNON POLICE DEPARTMENT, Police Commissioner, 2 Roosevelt Square North, Mount Vernon, NY 10550**. Your comments will be reviewed by the concerned commanding officer and the commended employee. The Mount Vernon Police Department thanks you for your interest and for taking the time to complete this form.

NAME (LAST, FIRST, MIDDLE)	SEX	DATE OF BIRTH
----------------------------	-----	---------------

HOME ADDRESS (STREET, CITY, STATE, ZIP)

HOME PHONE	WORK PHONE	CELL PHONE
------------	------------	------------

INCIDENT CASE NUMBER (IF KNOWN)	INCIDENT DATE / TIME
---------------------------------	----------------------

INCIDENT LOCATION (PLEASE BE AS SPECIFIC AS POSSIBLE)

OFFICER BADGE NUMBER	OFFICER NAME	SEX	RACE
1)			
2)			
3)			

What initiated your contact with the employee?

<input type="checkbox"/> Police response to your call	<input type="checkbox"/> Pick up property
<input type="checkbox"/> Traffic stop	<input type="checkbox"/> Visit a detective
<input type="checkbox"/> Traffic collision	<input type="checkbox"/> Visit / release a prisoner
<input type="checkbox"/> Made a report at the police department	<input type="checkbox"/> Witness at a police investigation
<input type="checkbox"/> Other _____	

NARRATIVE - PLEASE DESCRIBE THE INCIDENT IN DETAIL - IF YOU NEED MORE SPACE, USE AN ADDITIONAL SHEET OF PAPER.

CONTINUE ON PAGE 2

