Kern County District Attorney
Bureau of Investigation

Personnel Commendation

Case #_____

Your Name:_____ DOB: _____

Address:_____ City:_____ Zip: _____

Phone Number: Home:_____ Work:_____ Other: _____

Location of Occurrence:_____

Date/Time of Occurrence:_____

Personnel involved: _____
(Employee's Name, Badge Number)

Nature of Commendation:

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_____ Date: _____
Signature

Received by: _____ Date: _____

Copy Given To:_____ Date: _____

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