**SC Department of Mental Health**

**Division of Public Safety**

7901 Farrow Rd, Building #17

Columbia SC 29203

Telephone: (803) 935-5470

Fax: (803) 935-5492

E-Mail: [PublicSafety@scdmh.org](mailto:PublicSafety@scdmh.org)

**Officer/Employee Commendation**

Please take a moment to complete this form so that we may recognize this officer/employee for their diligent service. Kindly include as much information about the incident or service rendered as you can and submit to: SC Department of Mental Health, Division of Public Safety, 7901 Farrow Road, Building #17, Columbia SC 29203. **Attention: Chief Joseph Nelson**.

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| --- | --- | --- |
| Officer/Employee Name: | Date of incident: | |
| Location of incident: | | Time: |

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| **Incident Details: Include as much information as possible and attach additional pages if necessary.** |
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**Please tell us about yourself:**

*You may remain anonymous if you like, but we encourage you to identify yourself*

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| --- | --- |
| Your Name: | Phone Number: |
| Address: | City/State/Zip: |
| Email: | |

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