The Department of Campus Safety & Security is committed to enhancing the quality of life, learning and working experience at Williams College while maintaining a safe and secure campus. If you had a positive experience involving any member of the Campus Safety & Security Department that you would like to share with us, please fill out the form below. We would love to hear from you! Your commendation of exceptional service provides the individuals you acknowledge with a greater sense of pride which increases morale and motivation.

<table>
<thead>
<tr>
<th>DATE SUBMITTED:</th>
<th>TIME SUBMITTED:</th>
<th>YOUR AFFILIATION: (employee, student, visitor, etc.)</th>
<th>MAY WE CONTACT YOU TO GATHER MORE INFORMATION? Please circle one.</th>
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<td>Yes</td>
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SUBMITTED BY – NAME:  
(You may remain anonymous)

ADDRESS:

PHONE # – PRIMARY:  
PHONE # – ALTERNATE:  
EMAIL OR OTHER CONTACT INFO:

NAME(S) OF EMPLOYEE(S) YOU WISH TO COMMEND:

DEMOGRAPHIC INFORMATION (OPTIONAL):  
GENDER:  
AGE:  

ETHNICITY, NATIONAL ORIGIN OR PROTECTED CLASS STATUS:  
○ ASIAN  ○ BLACK  ○ HISPANIC  ○ MIDDLE EASTERN  
○ NATIVE AMERICAN  ○ PACIFIC ISLANDER  ○ WHITE  ○ LGBTQ  ○ OTHER:  

(FOR STATISTICAL PURPOSES ONLY)

DATE OF COMMENDABLE ACTION:  
TIME OF COMMENDABLE ACTION:  
LOCATION OF COMMENDABLE ACTION:

Nature of Commendation:  (Please be specific)

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SIGNATURE: ___________________________     DATE: _________________

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Reviewed (initial):  
Date:  
INR # (if related):  
Designate to:  

INTERNAL  PERSONNEL  POLICY
EXTERNAL  INFO ONLY  OTHER
DETAILS CONTINUED:

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SIGNATURE: ___________________________       DATE: _________________