

DEPARTAMENTO DE LIBERTAD CONDICIONAL DEL CONDADO DE KERN  
FORMULARIO DE ELOGIO



Please Print or Type  
*Por favor imprima o escriba*

Your Name: \_\_\_\_\_  
*Su Nombre:*

Address: \_\_\_\_\_  
*Dirección* City, State /Ciudad, Estado Zip Code/Código Postal

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
*Teléfono Casa Negocio Celular*

Where did this incident occur?  
*¿Dónde ocurrió este incidente?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  
*Fecha del incidente Hora del incidente*

Name(s) of employee(s) involved: \_\_\_\_\_  
*Nombre(s) del(de los) empleado(s) involucrado(s)*

Please provide a detailed description of the incident:  
*Por favor, proporcione una descripción detallada del incidente:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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