



**SHERIFF WOODY A. WALLACE**  
*Trinity County Sheriff's Office*



**Personnel Compliment**

Date: \_\_\_\_\_

Reporting Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Day & Date of Interatcion: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Interaction: \_\_\_\_\_

Name/identifying information of the employee whom you wish to compliment:

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

**Witness information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Indicate the nature of the compliment. Please be specific and use extra pages if needed.

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



**SHERIFF WOODY A. WALLACE**  
*Trinity County Sheriff's Office*



**Personnel Compliment**

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Reporting Person's Signature      Date

Witness      Date