

<p style="text-align: center;">MISSOURI DEPARTMENT OF PUBLIC SAFETY PUBLIC SAFETY AWARDS P.O. BOX 749 JEFFERSON CITY, MO 65102</p>	<p style="text-align: center;">MISSOURI PUBLIC SAFETY AWARDS PUBLIC SAFETY CIVILIAN PARTNERSHIP AWARD NOMINATION</p>
<p>This nomination form should be used only for recognition of acts of valuable or courageous assistance by a civilian to members of a Missouri public safety agency from Jan. 1, 2016 through Dec.31, 2016. Please type or print clearly. Please complete all sections.</p>	
<p>NOMINEE'S NAME:</p>	<p>NOMINEE'S OCCUPATION:</p>
<p>NOMINEE'S ADDRESS:</p>	<p>NOMINEE'S PHONE (INCLUDE AREA CODE):</p>
	<p>NOMINEE'S EMAIL:</p>
<p>The Public Safety Civilian Partnership Award is awarded to a civilian who has provided valuable or courageous assistance to members of a Missouri public safety agency in an emergency situation. The Public Safety Civilian Partnership Award may be awarded to a citizen whose assistance was given without regard for their own personal welfare and had a positive bearing on the outcome of an incident.</p> <p>The candidate must be a civilian and not serve a public agency, with or without compensation, as a firefighter, law enforcement officer or some other emergency response or emergency management role, including a state or local corrections officer, or as a court officer.</p> <p>For a candidate to be eligible to receive the Public Safety Civilian Partnership Award, the completed nomination form must be sent to the Mo. Dept. of Public Safety, P.O. Box 749, Jefferson City, MO 65102 no later than May 26, 2017.</p> <p>Nominations must be signed by the Chief Executive or Director of the nominating public safety agency.</p> <p>To be considered, the nomination must include:</p> <ol style="list-style-type: none"> 1. A copy of this completed form. 2. An official report and/or documentation of the civilian's actions. Please note that these materials may be subject to disclosure; therefore, please make all redactions necessary to maintain the confidentiality of information that may compromise an ongoing law enforcement investigation or that is otherwise required by law to be kept confidential. 3. Statements by officers, witnesses and/or individuals having personal knowledge of the facts surrounding the candidate's valuable or courageous actions in an emergency situation and/or other supporting documentation. <p><i>*A person nominated for the Public Safety Civilian Partnership Award is not eligible for nomination in the same year for the Medal of Valor, Public Safety Medal of Merit, Governor's Medal, Director's Leadership Medal or Hall of Fame Award.</i></p>	
<p>NOMINATING OFFICIAL'S NAME AND TITLE:</p>	<p>NOMINATOR'S AGENCY:</p>
<p>ADDRESS:</p>	<p>NOMINATOR'S PHONE (INCLUDE AREA CODE):</p>
	<p>NOMINATOR'S EMAIL:</p>
<p>DISCLOSE ANY PERSONAL OR PROFESSIONAL TIES THE NOMINEE MAY HAVE WITH THE AGENCY OR ITS EMPLOYEES :</p>	
<p>As Chief Executive of the nominating agency, I certify that the nomination file has been completed in accordance with the above directions and hereby recommend the above named individual to receive the Public Safety Civilian Partnership Award.</p>	
<p>RECOMMENDING SIGNATURE:</p>	<p>DATE:</p>

PROVIDE A BRIEF SUMMARY OF THE ACT OF VALUABLE OR COURAGEOUS ASSISTANCE TO A MEMBER(S) OF YOUR AGENCY FOR WHICH THE NOMINATION IS BEING OFFERED, INCLUDING DATE, TIME AND LOCATION OF THE ACT (ADD ADDITIONAL PAGES IF NECESSARY).

LIST THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF INDIVIDUALS WHO WITNESSED THE ACT OF ASSISTANCE:

Please check to be certain that all required information is enclosed.