

This form should be used exclusively to commend an employee of the California Department of Insurance (CDI) Enforcement Branch. Upon completion of this form, you may either return it in person to the nearest Regional Office; mail the form to the California Department of Insurance Enforcement Branch, Professional Standards Unit, 2400 Del Paso Road, Suite 250, Sacramento, CA 95834, or email the form to [ProfessionalStandardsUnit@insurance.ca.gov](mailto:ProfessionalStandardsUnit@insurance.ca.gov). Please make a copy of the form for your records.

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

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

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Name and badge number(s) of employee(s)  
present at time of occurrence (if known).

Name, address(es), and telephone number(s)  
of witness(es) involved (if known).

**LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE “DETAILS” SECTION.**

Details – Please provide information regarding the commendation you wish to provide an employee of CDI’s Enforcement Branch, including name(s), time, location, witnesses, and any other information you feel would explain the reason for the commendation. If employee names are unknown, explain what each employee looked like. Please use additional pages if needed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DEPARTMENT USE ONLY**

To be completed by the supervisor receiving this form.

Supervisor’s name \_\_\_\_\_ Badge number \_\_\_\_\_

Date and time received \_\_\_\_\_

Final disposition \_\_\_\_\_