Los Angeles County Probation Department

RECOGNITION FORM

You Were Caught Making A Difference!

MISSION:
Enhance Public Safety, Ensure Victims' Rights and Effect Positive Probationer Behavioral Change (Rev5. 1/31/07)

VISION:
Rebuild Lives and Provide for Healthier and Safer Communities

Who Deserves this Recognition:

Name of Staff: _____ **Today's Date:** _____

Work Location: _____

Please provide us with as many details as possible about how our staff went above and beyond for you:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please provide your information as applicable:

Name: _____ **Are or Were You a Client: Yes** ☐ **No** ☐

Phone Number: _____ **E-Mail:** _____

X#, PDJ#, Case#: _____

-For Probation Staff Only-

If received please complete below and forward to office management or e-mail to: Ombudsman@probation.lacounty.gov

Received By: _____ **Date:** _____