



BEDFORD COUNTY
EMERGENCY MEDICAL SERVICE



Commendation Form

Please complete and submit this form. You may also mail this form to Bedford County EMS in a sealed envelope addressed to EMS Director, 119 Frank Martin Rd, Shelbyville, Tennessee 37160. If you do not know the information for a particular blank, please leave it empty. You may be contacted at a later date for additional information.

CONTACT INFORMATION:

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____

E-Mail: _____

INCIDENT INFORMATION:

Date: _____ Day: _____

Address: _____ Time: _____

City, State, Zip: _____

Name of Employee(s) (if known): _____

Description of Incident: