Submit by Email

Customer Service Hero Nomination Form

Please complete this nomination form to recognize an employee for providing outstanding customer service.

Send the completed form to the Department of Human Resources, at mail stop D-15. If you are not a County employee, please give the completed form to a County employee and he/she will submit it for you.

*Today's Date:*_____

*Your Name:*_____

*Your Department:*_____
(If applicable)

Your Relationship to Nominee: ☐ *Customer* ☐ *Supervisor* ☐ *Other*_____

Name of Person to be Recognized:

_____

Department of Person to be Recognized:

_____

Please briefly describe the interaction for which this employee is being nominated. Let us know why you thought the service he/she provided for you was outstanding.

_____

SERVING EVERYONE WITH EXCELLENCE