

Nomination Form

Liz Hoffman Memorial Commendation

NOMINEE(S)	Individual Nomination or Group Nomination*	
Name of Individual/Group:	Position/Title (if applicable):	Department/Organization/Unit:

Complete Mailing Address:

Telephone:	Fax:	E-mail:

Language preference:		
English <input type="checkbox"/>	French <input type="checkbox"/>	

* Please identify each member (name, title, language preference, etc.) in an attachment or on separate nomination forms.

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NOMINATOR		
Name:	Position/Title:	Department/Organization/Unit:

Complete Mailing Address:

Telephone:	Fax:	E-mail:

Is the individual/group aware of this nomination?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Do you consent to your name being released to the nominee(s)?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Please answer the following questions with either yes or no:

- | | | |
|---|------------------------------|-----------------------------|
| Q1. Is the individual/group a member of the Department of National Defence or the Canadian Forces, or one of their family members? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q2. Is the individual/group a party or witness in an ongoing Ombudsman case file? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q3. Has the individual/group assisted another individual or individuals in resolving a specific issue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q4. Has the individual/group brought positive and lasting change to the Defence community through improvements in the workplace, existing policies or guidelines, or quality of life? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q5. Has the individual/group demonstrated any of the following principles: | | |
| <hr/> | | |
| a) A willingness and ability to resolve problems informally and quickly, as well as to support alternative means of resolving disputes. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| b) The courage not to turn a blind eye to difficult situations, but to find ways to resolve them in a manner consistent with fairness, loyalty and integrity. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| c) The identification of issues of unfairness and a means of resolving them. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| d) A systemic approach to problem solving. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| e) The resourcefulness to propose or consider innovative solutions. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q6. Has the individual/group demonstrated the applicable principles independent of the Office of the Ombudsman's intervention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <hr/> | | |
| Q7. Has the individual/group clearly gone above and beyond the normal requirements of his/her/their job responsibilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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If you answered “yes” to any part of question 5, please describe (using concrete examples) how the individual/group has demonstrated the relevant principle(s).

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If you answered “yes” to question 7, please provide a more detailed explanation (with at least one example).

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Thank you for completing a nomination form for the Liz Hoffman Memorial Commendation.

The Ombudsman's Office would appreciate it if you would tell us how you found out about our 2018 award.

Please check all those that apply:

- Call letter posted on the Office of the Ombudsman's website (www.ombudsman.forces.gc.ca)
- Article in a base or wing newspaper
- Article in The Maple Leaf
- Communication through the chain of command
- The "Highlights" or "What's New" section of the Department of National Defence and Canadian Forces Intranet site (a.k.a. the DIN)
- Twitter: @DND CF_Ombudsman
- Facebook: @dndcfombudsman
- Instagram: @dndcfombudsman
- From a friend or family member
- Other (please specify):

Signature

Date

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ALTERNATE POINT OF CONTACT	Nominators who would like to appoint an alternate contact for communication with the Ombudsman's Office may do so below.	
Name:	Position/Title:	Department/Organization/Unit:

Complete Mailing Address:

Telephone:	Fax:	E-mail: