

Name of accused employee (s) (if known):	Rank	Division	Code #	Commanding Officer
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Describe employee (s) activity at time of incident (Traffic stop, arrest, off-duty, court, etc.)

Type of misconduct:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> False Arrest | <input type="checkbox"/> Improper Demeanor |
| <input type="checkbox"/> Excessive Force | <input type="checkbox"/> Mistreatment | <input type="checkbox"/> Integrity/Behavior |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Harassment | <input type="checkbox"/> Poor Performance |
| | | <input type="checkbox"/> Other _____ |

Was force used: IF YES, Type of force used (describe type and by whom)
 Yes No

Injuries sustained: IF YES, Describe Injury:
 Yes No

- Photograph injury
- Obtain Medical Authorization

Property damaged: IF YES, Provide owners Name & Address (if Known)
 Yes No

IF YES, Description of property damage:

Was the complainant or any other party arrested as a result of the Incident Yes No

IF YES; Indicate Charge (s) _____ Felony Misdemeanor Violation
 _____ Felony Misdemeanor Violation
 _____ Felony Misdemeanor Violation

CR#: _____ Summons: _____ Court Date: _____

