

REPORTABLE INCIDENT FORM

| | | |
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| 1. DATE RECEIVED | 2. TIME RECEIVED | 3. CASE NUMBER: |
|------------------|------------------|------------------------|

Complainant Information

4. PERSON REPORTING INCIDENT

5. COMPLETE ADDRESS (Including ZIP Code)

6. Home Telephone

7. Cell Telephone

8. Work Telephone

Employee(s) Involved

| 9. NAME | TITLE | DUTY STATUS AT TIME OF INCIDENT |
|---------|-------|--|
| | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY |
| | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY |
| | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY |
| | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY |

Incident Details

| | | | |
|----------|----------|--------------|--|
| 10. DATE | 11. TIME | 12. LOCATION | 13. HOW WAS REPORT RECEIVED? <input type="checkbox"/> WALK-IN <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> WEBSITE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX |
|----------|----------|--------------|--|

14. DETAILED DESCRIPTION OF INCIDENT REPORTED

| | | |
|---|--|---|
| 15. WERE CRIMINAL OR TRAFFIC COMPLAINTS SIGNED AGAINST THE COMPLAINANT? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. WERE CRIMINAL OR TRAFFIC COMPLAINTS SIGNED AGAINST THE INVOLVED EMPLOYEE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES TO EITHER OF THE PREVIOUS TWO QUESTIONS, ATTACH COPIES OF THE RELATED CRIMINAL OR TRAFFIC COMPLAINTS. |
|---|--|---|

| 17. COURT | SUMMONS/WARRANT # | COURT DATE(S) |
|-----------|-------------------|---------------|
| | | |
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|-------------------|------------------------|---------------|
| 18. DATE RECEIVED | 19. RECEIVED BY (NAME) | 20. SIGNATURE |
|-------------------|------------------------|---------------|