

## REPORTABLE INCIDENT FORM

1. DATE RECEIVED	2. TIME RECEIVED	3. <b>CASE NUMBER:</b>
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### Complainant Information

4. PERSON REPORTING INCIDENT	4a: ID / Badge Number (If applicable)
5. COMPLETE ADDRESS (Including ZIP Code)	6. Home Telephone
	7. Cell Telephone
	8. Work Telephone

### Employee(s) Involved

9. NAME	BADGE/ID	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"/> HOTLINE <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	<b>IF YES TO EITHER OF THE PREVIOUS TWO QUESTIONS, ATTACH COPIES OF THE RELATED CRIMINAL OR TRAFFIC COMPLAINTS.</b>
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17. COURT	SUMMONS/WARRANT #	COURT DATE(S)

18. DATE RECEIVED	19. RECEIVED BY (NAME & ID)	20. SIGNATURE
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