

Employee Conduct Form Form 2-6(B)	
Section I: Employee Information	
COMPLAINT []	COMMENDATION []
Employee Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (M.I.) </div>	
Assignment: Patrol <input type="checkbox"/> Investigations <input type="checkbox"/> Support Services <input type="checkbox"/> Communications <input type="checkbox"/>	
IA/PC Case Number # _____	
Section II: Citizen Information	
Name: _____	
Social Security Number _____ - _____ - _____ Date of Birth: ____/____/____	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: _____ Age: _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (street) (City) (State) (Zip) </div>	
Phone: Home: () Work: () Other: ()	
Place of Employment: _____ Address: _____	
Section III: Incident Information	
Date of Incident: ____/____/____ Time of Incident: ____:____ a.m. p.m.	
Location: _____	
Address: _____ _____	
Section IV: Witness Information	
Witness #1 Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (M.I.) </div>	
Social Security # _____ - _____ - _____ Date of Birth: ____/____/____	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: _____ Age: _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (street) (City) (State) (Zip) </div>	
Phone: Home: () Work: () Other: ()	
Relationship: _____	
Witness #1 Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (M.I.) </div>	
Social Security # _____ - _____ - _____ Date of Birth: ____/____/____	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: _____ Age: _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (street) (City) (State) (Zip) </div>	
Phone: Home: () Work: () Other: ()	
Relationship: _____	
Please turn this page over and complete the rest of the form.	

