

Employee Conduct Form
Section I: Employee Information

Form 2-6(B)

COMPLAINT []

COMMENDATION []

Employee Name: _____ (Last) _____ (First) _____ (M.I.)

Assignment: Patrol Investigations Support Services Communications

IA/PC Case Number #

Section II: Citizen Information

Name: _____

Social Security Number _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Sex: Male Female **Race:** _____ **Age:** _____

Address:

(street) _____ (City) _____ (State) _____ (Zip) _____

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: _____ (Last) _____ (First) _____ (M.I.)

Social Security # _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Sex: Male Female **Race:** _____ **Age:** _____

Address:

(street) _____ (City) _____ (State) _____ (Zip) _____

Phone: Home: () _____ Work: () _____ Other: () _____

Relationship:

Witness #1 Name: _____ (Last) _____ (First) _____ (M.I.)

Social Security # _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Sex: Male Female **Race:** _____ **Age:** _____

Address:

(street) _____ (City) _____ (State) _____ (Zip) _____

Phone: Home: () _____ Work: () _____ Other: () _____

Relationship:

Please turn this page over and complete the rest of the form.

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Section V: Certifications					
Attachments:	<input type="checkbox"/> IBR	<input type="checkbox"/> Summons	<input type="checkbox"/> Letters	<input type="checkbox"/> Additional detail sheets	<input type="checkbox"/> Others
Date and Time Received:					
<input type="checkbox"/> In Person		<input type="checkbox"/> By Telephone		<input type="checkbox"/> By Mail	
I do hereby certify that this Employee Conduct Report is true, accurate, and complete as best as I can present the facts pertinent to this report. I can be contacted during the following times:					
_____ _____ _____ _____			_____ _____ _____ _____		
Citizen's Signature: _____			Date _____/_____/____		Time: _____
Signature of PD Employee Taking Report: _____			Rank: _____		

Details of Incident: Attach additional sheets if needed