

PROFESSIONAL STANDARDS REPORT FORM

DEPARTMENT		ORI NO.		PROFESSIONAL STANDARDS CASE NO.	
PERSON MAKING REPORT					
NAME				ALIAS	
ADDRESS					
CITY		STATE	ZIP	PHONE	
DOB	SSN	AGE	SEX	RACE	
EMPLOYER/SCHOOL				PHONE	
ADDRESS			CITY	STATE	ZIP
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(s))				BADGE NO(s)	
DATE	TIME	DATE/TIME REPORTED		HOW REPORTED	
INCIDENT LOCATION			DIST/AREA		BEAT
DESCRIPTION OF INCIDENT					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT				DATE	
REPORT RECEIVED BY			BADGE NO.	DATE RECEIVED	
FORWARDED TO: ___ PROFESSIONAL STANDARDS ___ CHIEF ___ (OTHER)					
___ UNFOUNDED due to insufficient information					
COMMENTS					
SIGNATURE			BADGE NO.	DATE	

(DCJ 6/2002)