PROFESSIONAL STANDARDS REPORT FORM

NAME	ORI NO. PROFESSIONAL STANDAR	DARDS CASE NO.		
ADDRESS CITY STATE ZIP PHONE DOB SSN AGE SEX RACE EMPLOYER/SCHOOL ADDRESS CITY STATE ZIP PHONE INCIDENT NATURE OF COMPLAINT COMPLAINT AGAINST (NAME(S)) DATE IIME DATE/TIME REPORTED HOW REPORTED INCIDENT BEAT	PERSON MAKING REPORT			
CITY STATE ZIP PHONE DOB SSN AGE SEX RACE EMPLOYER/SCHOULT CITY PHONE ADDRESS INCIDENT NATURE OF COMPLAINT COMPLAINT (NAME(S)) BADGE NO(S) DATE IME DATE/TIME REPORTED HOW REPORTED DATE/TIME REPORTED DIST/AREA BEAT	NAME ALIAS			
DOB	ADDRESS			
EMPLOYER/SCHOOL	STATE ZIP PHONE	PHONE		
ADDRESS CITY STATE ZIP INCIDENT NATURE OF COMPLAINT COMPLAINT AGAINST (NAME(s)) DATE TIME DATE INCIDENT DATE DIST/AREA BEAT	AGE SEX RACE	RACE		
INCIDENT NATURE OF COMPLAINT COMPLAINT AGAINST (NAME(S)) DATE TIME DATE INCIDENT DIST/AREA BADGE NO(S) HOW REPORTED BEAT	EMPLOYER/SCHOOL PHONE			
NATURE OF COMPLAINT COMPLAINT AGAINST (NAME(s)) BADGE NO(s) DATE TIME DATE/TIME REPORTED DIST/AREA BEAT	CITY STATE	TATE ZIP		
COMPLAINT AGAINST (NAME(s)) BADGE NO(s) DATE TIME DATE/TIME REPORTED HOW REPORTED INCIDENT LOCATION BEAT	INCIDENT			
DATE TIME DATE/TIME REPORTED HOW REPORTED INCIDENT LOCATION BEAT	NATURE OF COMPLAINT			
INCIDENT LOCATION DIST/AREA BEAT	COMPLAINT AGAINST (NAME(s))			
INCIDENT LOCATION DIST/AREA BEAT				
INCIDENT LUCATION	DATE/TIME REPORTED HOW	HOW REPORTED		
DESCRIPTION OF INCIDENT	DIST/AREA	DIST/AREA BEAT		
	DESCRIPTION OF INCIDENT			
DESCRIPTION OF ANY INJURIES				
PLACE OF TREATMENT DOCTOR'S NAME DATE OF TREATMENT	DOCTOR'S NAME DATE OF TREATMENT	DATE OF TREATMENT		
SIGNATURE OF COMPLAINANT DATE	DATE	DATE		
REPORT RECEIVED BY BADGE NO. DATE RECEIVED	BADGE NO. DATE RECEIVED	DATE RECEIVED		
FORWARDED TO: PROFESSIONAL STANDARDSCHIEF (OTHER)				
UNFOUNDED due to insufficient information				
COMMENTS				
SIGNATURE BADGE NO. DATE	BADGE NO. DATE	DATE (DCL 6/2002)		