

Officers Response:

Signature: _____

Date: ____/____/____

Print: _____

Supervisor's Determination: () Sustained () Not Sustained () Exonerated () Unfounded () Policy Failure

Inv Start Date: ____/____/____

Inv End Date: ____/____/____

Report:

Action Taken:

Supervisor: _____

Date: ____/____/____

Signature: _____

Print: _____

Unit Commander: () Concur with Supervisor () Other

Supervisor: _____

Date: ____/____/____

Signature: _____

Print: _____

Administrative Captain Determinations: () Concur with Unit Commander () Other

Superintendent's Determination: () Concur with Administrative Captain () Other

() Refer to OPS

Signature: _____

Date: ____/____/____

Print: _____

Distribution: () Superintendent () Administrative Captain () Unit Commander
() Supervisor () Individual () Personnel