

DPS MISCONDUCT REPORT

Submitting Agency: _____		
Date Submitted: _____		
Submitted by: _____		
Print Name		Title
Address: _____		
City		State
Contact Phone Number: _____		Zip code
Additional Contact Information: _____		
<input type="checkbox"/> OFFICER INFORMATION <input type="checkbox"/> TELECOMMUNICATOR INFORMATION		
Name of Officer/Telecommunicator:	SS#:	DOB:
DPS Certification Number:	Certification Date:	
Home Address:	Home Telephone No:	
	Cell Telephone No:	
Is this officer/telecommunicator still employed by the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this officer/telecommunicator be contacted at the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, current assignment and contact phone number: _____		
COMPLAINT INFORMATION		
Date of Complaint	Agency Investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Primary Investigator: _____		
Print Name/title		
Contact information(Phone Number/email/business address) _____		
Witness Information attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting Complaint Documentation/Investigation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUMMARY OR NARRATIVE OF COMPLAINT/REPORT		
(Attach additional sheets if necessary)		
MAIL TO: DPS Training Center Attn: Director 4491 Cerrillos Road Santa Fe, NM 87507		

DPS/TRD STAFF USE ONLY	
Date of misconduct:	Date report received:
Allegation/Offense:	Case Number:
Date notified employer misconduct report received:	
Date Referred to Attorney General's Office:	
Referred by:	
Date NCA mailed:	Date NCA served:
Date NFD mailed:	Date NFD served:
Date of Informal hearing:	
Date of Formal Hearing:	
Date of NMLEA Board Action:	
Final Action:	
Date notified employer of final action:	
Dates of database entry:	