



PSD # \_\_\_\_\_

## Employee/Officer Allegation Notification Form

### Reporting Party

Name:		Date:
Street:		
City:	State:	Zip Code:
Date of Birth:	Phone 1:	Phone 2:

### Incident Information

Date:	Time:	Location:	
Employee/Officer 1:		Race:	Sex:
Employee/Officer 2:		Race:	Sex:
Witness 1:	Contact Information:		
Witness 2:	Contact Information:		

**Details (use back for continuation):**

This allegation will be reviewed by the Professional Standards Division and maintained as a governmental record by the Bryan Police Department. I understand that making a false entry in this record or making a false report to a police officer is against the law, and I may be subject to criminal prosecution if information entered here is subsequently shown to be false.  I request a copy of this form as I have submitted it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting party did not wish to sign/was not present at time of allegation  Supervisor will be reporting party

Supervisor Receiving Notification: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department Use Only

This allegation is resolved through the preliminary investigation and response to the reporting party as described above. There were no violations of policy and no corrective action taken; or

This allegation is resolved after preliminary investigation and corrective action:  DAR (attached)  IPR entry

Supervisor:	Div. Com.:	Bur. Com.:	Chief:	PSD:
Date:	Date:	Date:	Date:	Date:

This allegation needs further investigation or action.