

TSE - TRI STATE ENFORCEMENT

COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding Tri State Enforcement policies and procedures, or response time to a complaint or call for service, should be discussed with the Commander or Officer in Charge for the area concerned. Upon completion of this form, you may either return it in person to the nearest TSE public office or Commander, or mail to TSE - Tri State Enforcement, ATTN: Internal Affairs, P.O. Box 702, Barboursville, WV 25504. Keep a copy for your records.

Name _____ Phone _____ Day
Address _____ Language Spoken _____ Evening
Date of Occurrence _____ Time of Occurrence _____
Location of Occurrence _____

Names, Badge Numbers or ID Numbers of Employees Involved (If known) _____ Names, addresses, and telephone numbers of witnesses present at the time of occurrence. (If known) _____

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION.)
Details – (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like.)

Date _____ Signature _____

AGENCY USE ONLY

To be completed by the supervisor receiving this form.
Supervisor's name _____ Ident. Number _____
Date and time received _____ CMD No. _____

Final disposition _____
(i.e. forwarded to IA; II initiated; sent correspondence to complainant, etc.)

(Attach additional sheets, if necessary.)

IA NO. _____

CMD. NO. _____