

Date Received:	Assigned To:	Control Number:
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Type of Complaint: <input type="checkbox"/> A - Inter-Departmental <input type="checkbox"/> B - Citizen	Date Investigation Initiated:	Date Investigation Terminated:
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Date Forwarded to Deputy Director:	Signature of Office of Professional Standards Officer:
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Date of Review:	Signature of Deputy Director:
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Command Staff Review Board Chairman/Commander's Determination: (Check One)

Founded <input type="checkbox"/>	Unfounded <input type="checkbox"/>	Inconclusive <input type="checkbox"/>	Administratively Closed <input type="checkbox"/>
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Comments:

Signature of Command Staff Review Board Chairman/Commander:	Date Forwarded to Deputy Director:
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Date of Review:	Signature of Deputy Director:
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FINAL DISPOSITION (CHECK ONE)

- | | | |
|---|---|---|
| <input type="checkbox"/> No Action Taken | <input type="checkbox"/> Transfer | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Oral Reprimand/Counseling | <input type="checkbox"/> Suspension | <input type="checkbox"/> Other |
| <input type="checkbox"/> Letter of Reprimand | <input type="checkbox"/> Reduction in Grade/Rank | |

Comments/Final Recommendations

Director's Signature: _____
 (Rank/First/MI/Last Name/Badge #)

Date: _____
 (Mo/Day/Yr)