

# INDIANA UNIVERSITY POLICE DEPARTMENT

## Allegation of Misconduct by an IU Police Department Employee

**INSTRUCTIONS:** 1.) Please print and provide as much information as possible on the two pages.  
 2.) Call 812-855-3075 for an appointment with an IUPD Administrative Staff member who will coordinate an investigation in to the Allegation of Misconduct.

\* **NOTE:** Students may also want to consult with other departments within the [Division of Student Affairs](http://dsa.indiana.edu/dos.html) at <http://dsa.indiana.edu/dos.html> concerning this allegation.

DATE REPORTED:	TIME:	RECEIVED BY: (Supervisor Name)	<input type="checkbox"/> IN PERSON	<input type="checkbox"/> MAIL
			<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER: _____
DATE OCCURRED:	TIME:	LOCATION:	AFFILIATED CASE NO.	

### REPORTING PERSON

NAME:	EMPLOYER:	HOME PHONE:
ADDRESS:	WORK ADDRESS:	WORK PHONE:
CITY/STATE/ZIP:	CITY/STATE/ZIP:	

### EMPLOYEE(S) INFORMATION

NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:
NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:
NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:

### WITNESS (Use separate form for additional names)

NAME:	EMPLOYER:	HOME PHONE:
ADDRESS:	WORK ADDRESS:	WORK PHONE:
CITY/STATE/ZIP:	CITY/STATE/ZIP:	

### SHORT SUMMARY OF INCIDENT— Completed by an IUPD Supervisor


Is reporting person's written statement attached? \_\_\_\_\_ If not, when will it be returned? \_\_\_\_\_

SIGNATURE OF REPORTING PERSON:	DATE	Page _____ of _____
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