



**ALLEGED POLICY/ REGULATION/ WORK RULE VIOLATION REPORT**

SUPERVISOR/ MANAGER TO COMPLETE THIS SECTION

Check all applicable boxes, print or write legibly, attach additional sheet as needed.

Facility	Location of Incident (Building, Ward, Room)	Time of Incident	Date of Incident	
Incident Reported By:	Title			
Type of Violation	CHECK ALLEGATION(S) OF POLICY/WORK RULE VIOLATION <i>(See details on next page)</i>			
	<input type="checkbox"/> Attendance	<input type="checkbox"/> Falsification of State/DCF records	<input type="checkbox"/> Off duty Conduct-Nexus to employment	
	<input type="checkbox"/> Performance	<input type="checkbox"/> Misuse of State systems/property, <i>Fleet/GL 115</i>	<input type="checkbox"/> Failure to report arrest	
	<input type="checkbox"/> Substance impairment/ possession	<input type="checkbox"/> Theft/destruction of State Property	<input type="checkbox"/> Failure to cooperate with Investigation	
	<input type="checkbox"/> Insubordination	<input type="checkbox"/> License Revocation, including driver's license	<input type="checkbox"/> Workplace Violence/Harassment	
<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Abuse/Neglect, inappropriate relationships, SIU	<input type="checkbox"/> CPS Policy/Other, list below		
Check If:	<input type="checkbox"/> Possible Criminal Activity <i>(Notify Safety Services)</i>	<input type="checkbox"/> Possible Compliance or Privacy Violation <i>(Notify Compliance or Privacy Officer)</i>	<input type="checkbox"/> Possible ODE Violation or Sexual Harassment <i>(Notify O.D.E.)</i>	
Description of Incident	<i>(Describe accurately and completely events that occurred. Indicate persons involved. If injury occurred, describe nature of injury, cause and actions taken to treat injury. Use additional 8 1/2 x 11 sheets if necessary.)</i>			
Completed By	Incident Reported by	Title	Time	Date Submitted
	Signature			
	Supervisor	Title	Time	Date Submitted
	Signature			
	Office Director/Superintendent	Title	Time	Date Submitted
	Signature			
Investigation Declined by: <i>Name, Title, Reason</i>				