


NOTICE OF EMPLOYEE CONDUCT FORM

 <p>STATE OF ALASKA Department of Public Safety Office of Professional Standards 5700 East Tudor Road Anchorage, AK 99507</p>	TYPE OF NOTICE (check one)	
	<input type="checkbox"/> Commendation	<input type="checkbox"/> Complaint

Your Full Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Email Address: _____ Preferred Contact Method: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Name(s) of Employee(s) Involved *(if name not known, use Details section for further description):*

Name: _____ Uniformed: _____ Rank: _____ Sex: _____ Race: _____

Name: _____ Uniformed: _____ Rank: _____ Sex: _____ Race: _____

Name: _____ Uniformed: _____ Rank: _____ Sex: _____ Race: _____

Name(s) of Witness(es) Present at the time of occurrence:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Reason(s) for the contact with employee(s) *(check all that apply):*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Response to Your Call | <input type="checkbox"/> Traffic Stop | <input type="checkbox"/> Traffic Collision | <input type="checkbox"/> Witness in Investigation |
| <input type="checkbox"/> Visit with Investigator | <input type="checkbox"/> Visit to Office / Post | <input type="checkbox"/> Your Arrest | <input type="checkbox"/> Other (explain below) |

Details:

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Details (cont):