

CODE OF CONDUCT INCIDENT REPORT FORM

Please complete the following form to the best of your ability. If something is not known, please note that. Use additional sheets as necessary.

Who is Reporting: _____

Street Address/City/Zip: _____

Phone/Email: _____

Who is being Reported: _____

Street Address/City/Zip: _____

Phone/Email: _____

What happened? **Provide as many details as possible below, including copies of all supporting evidence.**

When did the Incident happen? _____

Where did the Incident happen? _____

How do you believe the Incident violated the Code of Conduct?

Witness name(s): _____

Street Address/City/Zip: _____

Phone/Email: _____

(Please provide contact information for witnesses, if available and known.)

Was a Police Report Filed: Yes No Case Number: _____

City/Department: _____

I affirm that the above and all attached documentation is true and correct.

Signature (required): _____ Date: _____

All challenges must be in writing and must be postmarked, hand delivered or arrive by fax or e-mail. File with the State DFL Deputy Party Affairs Director, 255 East Plato Blvd., St. Paul, MN 55107, by e-mail at conduct@dfi.org or by fax 651-251-6325. For assistance or further information, call 651-293-1200 or call toll free 1-800-999-7457.

Date Received: _____

Received by: _____