

# 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 email. File with the State DFL Deputy Party Affairs Director, 255 East Plato Blvd., St. Paul, MN 55107, by email at [conduct@dfi.org](mailto: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: \_\_\_\_\_