



NOTICE OF VIOLATION

Pursuant to Section 6.3(c)(2) of the Police Training Act, “[a]ny person may also notify the Board of any conduct the person believes a law enforcement officer has committed as described in subsection (b).”

OFFICER INFORMATION

Full Name: _____ Badge No.: _____

Employing Agency: _____

Physical Description: _____

Date/Time of Incident: _____ Location of Incident: _____

Did this activity involve any of the following:

Check All That Apply

- Engaged in an act that would constitute a felony or misdemeanor which could serve as basis for automatic decertification, whether or not the law enforcement officer was criminally prosecuted, and whether or not the law enforcement officer’s employment was terminated
- Exercised excessive use of force
- Failed to comply with the officer’s duty to intervene, including through acts or omissions
- Tampered with a dash camera or body-worn camera or data recorded by a dash camera or body-worn camera or directed another or tampered with or turned off a dash camera or body-worn camera or data recorded by a dash camera or body-worn camera for the purpose of concealing, destroying, or altering potential evidence
- Engaged in the following conduct relating to the reporting, investigation, or prosecution of a crime: committed perjury, made a false statement, or knowingly tampered with or fabricated evidence, and engaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public; such conduct or practice need not have resulted in actual injury to any person. As used in this paragraph, the term “unprofessional conduct” shall include any departure from, or failure to conform to, the minimal standards of acceptable and prevailing practice of an officer.
- None of the Above

Description of Incident (attach additional documents, if necessary):

CONTINUED ON NEXT PAGE



Complainant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

Other Agencies Notified: _____

I consent to have my identity disclosed. I do NOT consent to have identity disclosed.

REPORTING AGENCY INFORMATION (Law Enforcement, State's Attorney, Executive Director of the Board)

Reporting Agency: _____

Reporting Officer (rank/title): _____

WITNESS INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Description: _____

WITNESS INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Description: _____

WITNESS INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Description: _____

WITNESS INFORMATION – attach separate sheet for additional witnesses, if necessary

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Description: _____