



REPORTING USE OF FORCE, DISCIPLINE, CRIMINAL CHARGES OR SUSPENSION

Per RCW 43.101.135 - This form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) **within 15 days of occurrence**. This form must be signed by the agency head or their designee. If a designee is assigned, they acknowledge the agency head has been briefed on this action.

Section 1: Officer's Information

FULL Legal Name (as reflected on state issued driver's license) <small>(First Middle Last):</small>		Acadis ID:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Agency:		Status: <input type="checkbox"/> Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Corrections Deputy	
Badge no.	Hire Date (MM/DD/YYYY):	Date of Occurrence (MM/DD/YYYY):	

Section 2: Occurrence Details (Check All Boxes That Apply):

Discipline Suspension Criminal charges Use of force: Serious Injury Death

Is there an ongoing investigation for occurrence? Yes* No

Who is investigating? Agency or Team Incident number

Has there been previous sustained occurrences for the same behavior in the last 12 months? Yes* No

Details surrounding the occurrence:

Section 4: This section must be signed by the agency head or designee indicating the agency is aware of this action.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to peace and corrections officer certification and I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed this ____ day of _____, 20____, in _____, Washington.

Signature

Printed/Typed Name:	Rank/Title:	Contact Email:	Contact Phone:
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