



CJTC 1915: Agency Report

Pursuant to [RCW 43.101.135](#) and [WAC 139-06-020](#), **this form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) within 15 days of the following "occurrences":**

- Agency learns of use of force that causes serious injury or death,
- Agency learns that officer has been charged with a crime,
- Agency makes an initial disciplinary decision for any misconduct listed in [RCW 43.101.105](#).

Notes:

- See [WAC 139-01-310\(31\)](#) and RCW [9A.04.110\(4\)\(b\) and \(c\)](#) for the definition of "serious injury".
- "Date of Incident" is the date the alleged misconduct occurred. "Date of Occurrence" is the date the agency: 1) learned of the use of force; 2) learned of the criminal charges; or 3) made an initial disciplinary decision.
- List **all** ongoing and completed criminal and administrative investigations by agency and case/incident number.

Submission via email to certmail@cjtc.wa.gov

Section 1: Officer's Information

FULL Legal Name (Last, First Middle):	Acadis ID:	Gender Identity:
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Agency:	Hire Date (MM/DD/YYYY):	Certification type:

Section 2: Occurrence Details:

Occurrence Type:		Date of Occurrence:		Date of Incident	
Is there an ongoing investigation related to the occurrence?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Which agency or team is investigating?				Case/incident number	
Are there previous sustained findings for the same type of behavior?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Brief factual summary

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Section 3: This section must be signed by the agency head or designee.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to officer certification, and I declare under penalty of perjury under the laws of the State 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: