



ACT-56

Conduct Reporting Form

Agency:		Date:	
Reporting Official Name:			
Date Complaint Received:		Date:	
Category of Offense:	A _____	B _____	C _____
Internal Investigation Policy in Place:	YES _____	NO _____	
Internal Investigation Commenced <i>(If Applicable)</i> :	YES _____	NO _____	
Internal Investigation Completed <i>(If Applicable)</i> :	YES _____	NO _____	
Probable Cause Determined <i>(If Applicable)</i> :	YES _____	NO _____	
Date of Determination:	Date:		
Court Where Probable Cause Was Determined <i>(If Applicable)</i> :			

*****Submit all related documentation with this form*****

Criminal Justice Training Council

317 Academy Road
Pittsford, VT 05763
Phone: 802 483 6228