



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 _____	N/A _____
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

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