

School Board of Broward County, Florida
 Broward District Schools Police Department
 Personnel Investigation Request

REPORTING INCIDENT:	DATE OF REQUEST _____
Location Name _____	Cadre Director _____
Requesting Administrator _____	Location Phone _____
Admin Signature _____	Location Fax _____

COMPLAINT DATA:	
Date of Incident _____	Alleged Violation _____
Incident Occurred <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	Time of Incident _____
Name of Complainant _____	
Last Name	First Name

Complainant is: Student Parent Cadre Supervisor Chief
 Employee Principal/A.P. Exec. Dir./Director Sec. Clearance

ALLEGATION DATA:		
Name of Accused _____	Last Name	First Name
		Pers # _____
Position of Accused _____	SS# _____	Contract Status _____

PLEASE PROVIDE DETAILED DESCRIPTION OF THE INCIDENT ON PAGE TWO (2)

OTHER AGENCY CONTACTED:	
CPIS/DCF Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name _____	Agency Name _____
Contact Phone # _____	Contact Name _____
Agency Case # _____	Contact Phone # _____
	Law Enforcement Case # _____
Other Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name _____	Agency Organization _____
Contact Phone # _____	Case # _____

DISTRICT OFFICE USE ONLY:			
Reviewed By _____	Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reassign <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove Sub <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____	Date _____
	Investigator Assigned _____		
	SIU Case # _____		Date Assigned _____
Case Status _____	Date Investigation Completed _____		PSC Mtg Date _____

