|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requestor:** | | | | |
| **Relationship to the Subject Involved:** | | | | |
| **Subject:** | | | | |
| **Address:** | | | | |
| **Phone #:** | **Email Address:** | | | |
| **Case Name or Client Name (if applicable):** | | | | |
| **Police Report Number (if available):** | | | | |
| **Location of Incident:** | | **Date & Time Frame:** | | |
| **Officer Name:** | | **Officer ID #:** | | |
| **Description of Incident:** | | | | |
| **Specific reason for request, including alleged misconduct:** | | | | |
| **Signature:** | | | **Date:** | |
| ***All sections of the form MUST be legible and completed in detail or the request is subject to being denied.*** | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFICE USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Approved**  **Denied** | | | | |
| **Notes:** | | | | |
| **Chief of Police or Designee:** | | | | **Date:** |