

							1. OPR Tracking No.	
2. Name of Accused Employee(s)			3. Rank/Title		4. I.D.		5. Office or Section	
6. Complainant's Name (if unknown, so state)			7. Home/Work Address			8. Telephone		
<ul> <li>9. Complainant's Race, Color or National Origin (optional)</li> <li>Asian Black Hispanic White</li> </ul>			10. Complainant's Sex			<ol> <li>Complainant's Date of Birth Month Day Year</li> </ol>		
□ Native American □ Unknown								
12. Complainant's Employer (optional)   1		13. Busi	ness Address		14. Telephone			
15. Witness (Name)		16. Home/Work Addre		285		17. Telephone		
18. Witness (Name) 19.		19. Hom	ne/Work Addro	ss 20. Telep		20. Teleph	hone	
21. Date and Time of Incident(s)			22. Incident Location(s)					
23. Date and Time Reported			24. Method Complaint Filed □ □ In Person □ Othe			Telephone 🗖 Mail		
25. Report Taken By:	aken By: 26. Rank/Title			27. I.D.			28. Office or Section	
29. E	etails o	f Com		be completed by			ossible)	

## 30. Complainant's Signature:

## The information below is to be filled out by Department of Public Safety personnel only.

31. Was the accused employee on duty at the time of the alleged incident(s)? Yes/No. If no, explain below how the allegations have a nexus to the employee's job.

32. If the allegations were found to be sustained (true), provide a list of the DPS/Division policy(s) and/or N.A.C. and/or N.R.S, which apply. List the policy(s), N.A.C. or NRS violations by reference code only.

33. If allegations are of a serious nature (Felony act, serious injury, etc.) OR conduct requiring immediate attention, contact appropriate level of management. List below, the names, date and time that each supervisor/manager was notified.

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