

INCIDENT/COMPLAINT REPORT <i>(Continue in "REMARKS" on reverse, if necessary)</i>		DATE	INCIDENT/COMPLAINT NO.	INVESTIGATION REPORT NO.
<input type="checkbox"/> INFORMATION	<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> COMMANDING OFFICER'S REPORT OF ACTION REQUIRED <i>(See reverse)</i>		
THRU:		FROM:		
TO:				
1. SUBJECT		2. GRADE	3. SSN	4. ORGANIZATION <i>(Include location and phone no.)</i>
5. DESCRIPTION <i>(Complete on all civilians and military personnel whose identity is in question)</i>				
A. COLOR EYES	B. COLOR HAIR	C. COMPLEXION	D. SEX	E. DOB
F. WEIGHT	G. HEIGHT	H. IDENTIFYING MARKS <i>(Tattoo, scar, etc.)</i>		
6. HOW DRESSED <i>(Military or civilian, and condition of clothing)</i>			7. UNDER INFLUENCE OF	
			<input type="checkbox"/> ALCOHOL	<i>(Explain in item 10)</i>
			<input type="checkbox"/> OTHER	
8. INCIDENT/COMPLAINT <i>(Specify type and location)</i>				HOUR
				DATE
9. RECEIVED BY <i>(Typed or printed name, grade, and position)</i>				<input type="checkbox"/> IN PERSON
				<input type="checkbox"/> BY TELEPHONE
				<input type="checkbox"/> BY MAIL
10. DETAILS OF INCIDENT <i>(Who, what, when, where, how? Include attitude at time of apprehension and give details if uncooperative. Attach statements of medical personnel.)</i>				
11. EVALUATION <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY <input type="checkbox"/> MILITARY OFFENSE <input type="checkbox"/> TRAFFIC				
12. PERSONS RELATED TO REPORT <i>(Insert category of relationship letter opposite name)</i>				
A. COMPLAINANT	B. VICTIM	C. SUSPECT	D. WITNESS	E. MP/SP/AP
F. INVESTIGATED BY		G. APPREHENDED BY		
NAME		GRADE	SSN	ORGANIZATION OR ADDRESS AND PHONE NO.
13. DISPOSITION OF INCIDENT/COMPLAINT				
A. REFERRED TO		C. EVIDENCE <i>(List and describe, or summarize as appropriate)</i>		
<input type="checkbox"/> PATROL				
<input type="checkbox"/> SEE REPORT NUMBER AT TOP OF PAGE				
<input type="checkbox"/> OTHER AGENCY <i>(Specify)</i>				
<input type="checkbox"/> NONE				
B. OFFENDER				
14. INCLOSURES <i>(Statements and receipts)</i>		15. DISTRIBUTION		
		FOR THE COMMANDER <i>(Strike out if inapplicable)</i>		
		TYPED NAME, GRADE AND TITLE OF REPORTING OFFICER		
		SIGNATURE		

COMMANDER'S REPORT OF DISCIPLINARY ACTION TAKEN. *(To be completed by the CO of the offender when the reverse side of this form indicates that disposition information is desired. Indicate actions in Items 4 and 5, if applicable, and explain as required in Item 6. Forward through command channels within TEN days of receipt of the report. To facilitate transmission, turn this side face up when returning correspondence through message center.)*

DATE

THRU: _____ FROM: _____
 TO: _____

1. OFFENDER _____ 2. GRADE _____ 3. SSN _____

4. ACTION				5. COURTS-MARTIAL					
ADMINISTRATIVE	NON-JUDICIAL	JUDICIAL		SUMMARY		SPECIAL		GENERAL	
		PENDING <i>(Charges forwarded)</i>	COMPLETED	PENDING	TRIAL COMPLETED	PENDING	TRIAL COMPLETED	PENDING	TRIAL COMPLETED

6. DETAILS

TYPED NAME AND GRADE OF COMMANDING OFFICER _____ SIGNATURE _____

REMARKS