

**ALLEGED MISCONDUCT BY  
CSSD EMPLOYEE REPORT FORM**  
JD-AP-145 New 7-08

**STATE OF CONNECTICUT**  
COURT SUPPORT SERVICES DIVISION  
[www.jud.ct.gov](http://www.jud.ct.gov)



Person against whom complaint made	Location of misconduct	Incident date	Time (am/pm)
Person reporting incident	Relationship to subject of complaint	Date	Time (am/pm)

**Type of Violation**

Alleged abuse by employee	Type of misconduct																				
<table><tr><td><u>Type</u></td><td><u>Victim</u></td></tr><tr><td><input type="checkbox"/> Verbal</td><td><input type="checkbox"/> Client</td></tr><tr><td><input type="checkbox"/> Physical</td><td><input type="checkbox"/> Employee</td></tr><tr><td><input type="checkbox"/> Sexual</td><td><input type="checkbox"/> Visitor</td></tr><tr><td><input type="checkbox"/> Psychological</td><td></td></tr></table>	<u>Type</u>	<u>Victim</u>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Client	<input type="checkbox"/> Physical	<input type="checkbox"/> Employee	<input type="checkbox"/> Sexual	<input type="checkbox"/> Visitor	<input type="checkbox"/> Psychological		<table><tr><td><input type="checkbox"/> Criminal Activity</td><td><input type="checkbox"/> Gross Neglect of Duty</td></tr><tr><td><input type="checkbox"/> Offensive, Indecent, Abusive Conduct</td><td><input type="checkbox"/> Prohibited Political</td></tr><tr><td><input type="checkbox"/> Theft, Neglect, Misuse of State Items</td><td><input type="checkbox"/> Other (<i>Specify below</i>)</td></tr><tr><td><input type="checkbox"/> Deliberate Violation of Law/Regulation</td><td></td></tr><tr><td><input type="checkbox"/> Impairment while on Duty</td><td></td></tr></table>	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Gross Neglect of Duty	<input type="checkbox"/> Offensive, Indecent, Abusive Conduct	<input type="checkbox"/> Prohibited Political	<input type="checkbox"/> Theft, Neglect, Misuse of State Items	<input type="checkbox"/> Other ( <i>Specify below</i> )	<input type="checkbox"/> Deliberate Violation of Law/Regulation		<input type="checkbox"/> Impairment while on Duty	
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**Check if Applicable**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Possible Criminal Activity by Employee | <input type="checkbox"/> Possible Affirmative Action Violation or Sexual Harassment ( <i>Notify Affirmative Action</i> ) | <input type="checkbox"/> Client-Related Incident | <input type="checkbox"/> Possible Negligence |
|---|--|--|--|

**Persons Involved**

Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____
Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____
Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____

**Witnesses**

Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____
Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____
Name ( <i>Last, First, Middle initial</i> )	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other _____
Address	Phone _____

**Description of Misconduct**

(Describe accurately and completely the events that occurred; indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)

## Description of Misconduct (*Continued*)

### Persons Notified

Supervision/Division Director	Title	Time ( <i>am/pm</i> )	Date	By ( <i>Name</i> )
Other ( <i>Name</i> )	Title	Time ( <i>am/pm</i> )	Date	By ( <i>Name</i> )
Human Resources Officer	Title	Time ( <i>am/pm</i> )	Date	By ( <i>Name</i> )
Affirmative Action Officer	Title	Time ( <i>am/pm</i> )	Date	By ( <i>Name</i> )
State or Local Police ( <i>Name</i> )	Title	Time ( <i>am/pm</i> )	Date	By ( <i>Name</i> )

### Injuries

Injury/suspected injury <input type="checkbox"/> To Client <input type="checkbox"/> To Employee <input type="checkbox"/> To Visitor <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Refused Evaluation				
Injury severity assessment <input type="checkbox"/> Slight <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Undetermined				
Referred to Physician for evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	Time ( <i>am/pm</i> )	Date	By ( <i>Initials</i> )	Physician name
Completed by			Date	Time ( <i>am/pm</i> )
I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.				
Signature			Date	Time ( <i>am/pm</i> )
Party receiving complaint ( <i>Include title</i> )				

**STATEMENT OF WITNESS  
INVOLVED PERSON**

JD-AP-145 (Page 3) New 7-08

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Facility	Location of incident	Incident date	Time (am/pm)
Statement of (Name)		Title	

**Description of Conduct**

*(Describe accurately and completely the events that occurred; indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)*

I acknowledge that this statement is accurate and complete to the best of my knowledge and belief.

Signature	Date	Time (am/pm)
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