

**ALLEGED MISCONDUCT BY
CSSD EMPLOYEE REPORT FORM**

JD-AP-145 New 7-08

STATE OF CONNECTICUT
COURT SUPPORT SERVICES DIVISION
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
<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	
	<input type="checkbox"/> Criminal Activity
	<input type="checkbox"/> Offensive, Indecent, Abusive Conduct
	<input type="checkbox"/> Theft, Neglect, Misuse of State Items
	<input type="checkbox"/> Deliberate Violation of Law/Regulation
	<input type="checkbox"/> Impairment while on Duty
	<input type="checkbox"/> Gross Neglect of Duty
	<input type="checkbox"/> Prohibited Political
	<input type="checkbox"/> Other (<i>Specify below</i>)

Check if Applicable

Possible Criminal Activity by Employee Possible Affirmative Action Violation or Sexual Harassment (*Notify Affirmative Action*) Client-Related Incident Possible Negligence

Persons Involved

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

Witnesses

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Client
	<input type="checkbox"/> Other	
Address	Phone	
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Client
	<input type="checkbox"/> Other	
Address	Phone	
Name (Last, First, Middle initial)	<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 (am/pm)	Date	By (Name)
Other (Name)	Title	Time (am/pm)	Date	By (Name)
Human Resources Officer	Title	Time (am/pm)	Date	By (Name)
Affirmative Action Officer	Title	Time (am/pm)	Date	By (Name)
State or Local Police (Name)	Title	Time (am/pm)	Date	By (Name)

Injuries

Injury/suspected injury

To Client To Employee To Visitor Refused Treatment Refused Evaluation

Injury severity assessment

Slight Minor Major Undetermined

Referred to Physician for evaluation	Time (am/pm)	Date	By (Initials)	Physician name
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Completed by	Date	Time (am/pm)
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I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.

Signature	Date	Time (am/pm)
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Party receiving complaint (Include title)

**STATEMENT OF WITNESS
INVOLVED PERSON**

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STATE OF CONNECTICUT
COURT SUPPORT SERVICES DIVISION
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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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