



MONMOUTH COUNTY REPORTABLE INCIDENT / COMPLAINT FORM

Proper workplace conduct is a top priority of Monmouth County. County employees are expected to adhere to all policies, procedures, rules, regulations and NJ and Federal Statutes. In order to maintain a transparent, ethical and responsible work environment and to ensure the public's satisfaction with our service, this Reportable Incident / Complaint Form has been established to track, respond and rectify all complaints. This form is to be completed by the employee receiving the complaint or a designated department intake person. Examples of reportable incidents include violations of county policies and procedures, misuse of county vehicles, safety issues and any reportable misconduct. Complete this form in full immediately upon receiving a reportable incident and submit to the Office of Professional Standards (OPS) within 24 hours or as soon as practicable.

MAY BE COMPLETED BY INTAKE PERSON WITHIN THE COUNTY OR COMPLAINANT

I. REPORTABLE INCIDENT / COMPLAINT INFORMATION

Today's Date _____

Name of Intake Person _____
First Name _____ Last Name _____

Date of Incident _____ Time _____ am pm Location _____

How was the incident reported? Phone Mail Email Written Other _____

Person reporting complaint Mr. Mrs. Ms. _____

Employee Citizen First Name _____ Last Name _____

Telephone Numbers Home _____ Cell _____ Work _____

Email address _____

Complete home address _____

Employer name & address _____

II. MONMOUTH COUNTY EMPLOYEE(S) INVOLVED

Employee full name	Employee's job title or work assignment	County Owned Vehicle information (if involved with complaint/incident)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee name unknown: Describe employee using distinguishing characteristics, e.g. hair color, height, badge I.D. #, uniform color, tattoo, gender, other .

III. INCIDENT DETAILS

Full description of events: _____

Additional attachments and/or documentation? Yes No

COMPLETED BY OPS

IV. How was the incident form received? Phone Mail Email Other _____

Date received _____ Time received _____ am pm Control # _____

Received by (print name) _____ Signature _____