

NM Department of Public Safety / Law Enforcement Academy  
 4491 Cerrillos Road  
 Santa Fe, New Mexico 87507

**DPS MISCONDUCT REPORT**

<b>Submitting Agency:</b>		
<b>Submitted by (Print Name/Title):</b>		
<b>Address/City/State/Zip:</b>		
<b>Phone number:</b>	<b>Email:</b>	
<b>Agency Head Signature (required):</b>		<b>Date:</b>
<input type="checkbox"/> <b>OFFICER INFORMATION</b>	<input type="checkbox"/> <b>TELECOMMUNICATOR INFORMATION</b>	
Name of Officer/Telecommunicator:	Home Phone #:	Cell Phone #:
DPS Certification Number:	Last 4 digits SS#:	DOB:
Current Home Address/City/State/Zip:		
Is this officer/telecommunicator still employed by the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this officer/telecommunicator be contacted at the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, current assignment and contact phone number:		
<b>COMPLAINT INFORMATION</b>		
Date of Incident:	Agency Investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Primary Investigator (Print Name/Title):		
Phone number:	Email:	
Witness Information attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	I.A. Allegations Sustained: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supporting Complaint Documentation/Investigation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If sustained, list the agency discipline taken in this case:		
<b>MANDATORY SUMMARY OR NARRATIVE OF COMPLAINT/REPORT</b>		
(Must be completed - Attach additional sheets if necessary)		

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**MAIL TO: DPS Law Enforcement Academy**  
**Attn: Director's Office**  
**4491 Cerrillos Road**  
**Santa Fe, NM 87507**

**DPS/TRD STAFF USE ONLY**

<b>Date of misconduct:</b>	<b>Date LEA-90 Received:</b>
<b>Case Number:</b>	<b>Number of previous LEA 90 sustained allegations:</b>
<b>Allegation/Offense:</b>	<b>Date notified former/current employer misconduct received:</b>
<b>Date NCA mailed:</b>	<b>Date NCA served:</b>
<b>Date NFD mailed:</b>	<b>Date NFD served:</b>
<b>Date of Informal Hearing:</b>	<b>Date of Hearing Recommendation:</b>
<b>Date of Formal Hearing Request:</b>	<b>Statement of Issues:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Waiver of Time Limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Formal Hearing:</b>	<b>Date of Hearing Officer Recommendation:</b>
<b>Date of NMLEA Board Action:</b>	<b>Final Action:</b>
<b>Date notified former/current employer of final action:</b>	<b>Dates of SKILLS Manager entry:</b>