

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

DPS MISCONDUCT REPORT

Submitting Agency:		
Submitted by (Print Name/Title):		
Address/City/State/Zip:		
Phone number:	Email:	
Agency Head Signature (required):		Date:
<input type="checkbox"/> OFFICER INFORMATION	<input type="checkbox"/> TELECOMMUNICATOR INFORMATION	
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:		
COMPLAINT INFORMATION		
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:		
MANDATORY SUMMARY OR NARRATIVE OF COMPLAINT/REPORT		
(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
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DPS/TRD STAFF USE ONLY

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