



State of Nevada
Complaint Acceptance Form

1. OPR Tracking No.

2. Name of Accused Employee(s)	3. Rank/Title	4. I.D.	5. Office or Section
6. Complainant's Name (if unknown, so state)	7. Home/Work Address		8. Telephone
9. Complainant's Race, Color or National Origin (optional) Asian Black Hispanic White Native American Unknown	10. Complainant's Sex Female Male Unknown		11. Complainant's Date of Birth Month Day Year
12. Complainant's Employer (optional)	13. Business Address	14. Telephone	
15. Witness (Name)	16. Home/Work Address	17. Telephone	
18. Witness (Name)	19. Home/Work Address	20. Telephone	
21. Date and Time of Incident(s)		22. Incident Location(s)	
23. Date and Time Reported		24. Method Complaint Filed Telephone Mail In Person Other	
25. Report Taken By:	26. Rank/Title	27. I. D.	28. Office or Section

29. Details of Complaint (to be completed by complainant, if possible)
Attach Additional Sheets, if necessary

30. **Complainant's Signature:**

The information below is to be filled out by Department of Public Safety personnel only.

31. Was the accused employee on duty at the time of the alleged incident(s)? Yes/No. If no, explain below how the allegations have a nexus to the employee's job.

32. If the allegations were found to be sustained (true), provide a list of the DPS/Division policy(s) and/or N.A.C. and/or N.R.S, which apply. List the policy(s), N.A.C. or NRS violations by reference code only.

33. If allegations are of a serious nature (Felony act, serious injury, etc.) OR conduct requiring immediate attention, contact appropriate level of management. List below, the names, date and time that each supervisor/manager was notified.