



# LEGAL INCIDENT NOITCE INTAKE FORM

ENROLLMENT DATE		MEMBER ID		MEMBER STATUS		ATTENDING LABOR ASSOCIATE		REFERRED BY	
MEMBER INFORMATION			(PBA Labor Associate Use)						
FIRST NAME				LAST NAME				MIDDLE INITIAL	
PHONE NUMBER				EMAIL				OTHER	
TITLE				Years on					
Assignment				Tour/time					
EMPLOYER INFORMATION			(PBA Labor Associate Use)						
PCT. OR DIVISION				PCT. PHONE NUMBER				SHIFT WORKED	
SUPERVISOR NAME				SUPERVISOR PHONE NUMBER				SUPERVISOR (W) EMAIL	
CURRENT ASSIGNMENT				HOW LONG HAVE YOU WORKED?			HOW MANY INCIDENTS?		
				HOW MANY PASTED TRANSFERS?			HOW MANY PASTED PENALTY HOURS? (By Hours in Cityitme)		

*(Please Continue Below)*



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INCIDENT INFORMATION			
INCIDENT DATE	INCIDENT TIME	INCIDENT DOCUMENTED ON THE RUN SHEET?	SJS # (If Applicable)
		Yes          No	
<input type="checkbox"/> Civil Service Law Violation <input type="checkbox"/> Department Chargers <input type="checkbox"/> EEO Respondent (Investigation) <input type="checkbox"/> EEO Respondent Witness (Investigation) <input type="checkbox"/> Employee Handbook Violation <input type="checkbox"/> Grievance Inquiry		<input type="checkbox"/> Off Duty Incident <input type="checkbox"/> On Duty Incident <input type="checkbox"/> Suspension <input type="checkbox"/> Termination <input type="checkbox"/> Workplace Violence Respondent (Investigation) <input type="checkbox"/> Workplace Violence Witness (Investigation)	
<input type="checkbox"/> This has happened before. <input type="checkbox"/> This has happened before with the same person. <input type="checkbox"/> The employer gave a verbal warning. <input type="checkbox"/> The employer never gave notice.		<input type="checkbox"/> Past Practice Challenge <input type="checkbox"/> Never happen before. <input type="checkbox"/> The employer reprimanded before <input type="checkbox"/> Employer Conflict of Interest <input type="checkbox"/> Policy Conflict of Interest	
<input type="checkbox"/> Notice of Determination <input type="checkbox"/> Department Scheduled Chargers <input type="checkbox"/> Appearance Ticket <input type="checkbox"/> Department Of Investigation Appearance Notice		<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> OATH Appearance <input type="checkbox"/> Other <i>(please use the section "Describe Incident")</i>	
DESCRIBE INCIDENT			

(Please Continue Below)



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INCIDENT WITNESS 1					
FIRST NAME		LAST NAME		MIDDLE INITIAL	
PHONE NUMBER		EMAIL		OTHER	
RELATION		WRITTEN STATEMENT			
INCIDENT WITNESS 2					
FIRST NAME		LAST NAME		MIDDLE INITIAL	
PHONE NUMBER		EMAIL		OTHER	
RELATION		WRITTEN STATEMENT			
MEMBER DESIRED OUTCOME					



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**/////NOTHING ELSE FURTHER/////**