



LEGAL INCIDENT NOITCE INTAKE FORM

ENROLLMENT DATE	MEMBER ID	MEMBER STATUS	ATTENDING LABOR ASSOCIATE	REFERRED BY

MEMBER INFORMATION	<i>(PBA Labor Associate Use)</i>
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FIRST NAME		LAST NAME		MIDDLE INITIAL	
PHONE NUMBER		EMAIL		OTHER	
TITLE		Years on			
Assignment		Tour/time			

EMPLOYER INFORMATION	<i>(PBA Labor Associate Use)</i>
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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 PASTED TRANSFERS?		HOW MANY INCIDENTS? HOW MANY PASTED PENALTY HOURS? (By Hours in Citytime)	

(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)
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<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
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<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>
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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



LEGAL INCIDENT NOTICE
INTAKE FORM

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