



Please type or print in black or blue and use capital and small letters for names, titles, and address

OFFICER

1. Social Security Number: _____
2. Officer's Name: _____
Last First MI
3. Officer's Last Known Address: _____
Street City State Zip Code
4. Officer's Telephone Number: _____

AGENCY

5. Agency ORI: FL _____ 6. Agency Name: _____
7. Agency Contact Person: _____ 8. Agency Contact Person's Telephone Number: _____
9. Agency Fax Number: _____

VIOLATION - ALLEGATION

10. Nature of Allegation(s): _____
11. Agency Disposition: Sustained – (Violation of Section 943.13(4) or (7) or Rule 11B-27.0011, F.A.C.
Sustained – (Violation of Agency Policy): Not Sustained: Unfounded: Exonerated:
12. Limitation Period for Disciplinary Action: Date Internal Investigation Initiated: _____ Date Internal Investigation Completed: _____

Exception to limitation period for disciplinary action: Place a check mark by the exceptions to limitations that apply

Days Tolled

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Written waiver of limitation by officer | _____ |
| <input type="checkbox"/> | Ongoing criminal investigation or criminal prosecution | _____ |
| <input type="checkbox"/> | Officer incapacitated or unavailable | _____ |
| <input type="checkbox"/> | Multi-jurisdictional investigation | _____ |
| <input type="checkbox"/> | Emergency or natural disaster as declared by the Governor | _____ |

13. Criminal Charges Filed: _____
14. Agency Disciplinary Action: _____
15. If the allegation has been sustained and determined to be a violation of Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C., attach and forward the following documentation to the Florida Department of Law Enforcement.
- Summary of the Facts Internal Investigation Report Name and Address of Witness
- Witness Statement/Disposition Certified Court Documents Other Supportive Information

NOTICE: Pursuant to Section 943.1395(5), F.S., an employing agency must conduct an internal investigation when having cause to suspect that an officer it employs is not in compliance with Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C. If the investigation is sustained, the employing agency must forward a report to the Commission as specified by Rule 11B-27.003.

16. Agency administrator's signature _____

17. Date signed _____

18. Agency administrator's name and title _____

INSTRUCTIONS FOR COMPLETING FORM CJSTC-78

The Internal Investigation Report form should be completed any time an internal investigation has been completed.

1. Use this form to report to the Commission any sustained allegations(s) of non-compliance with Section 943.13(4) or (7), F.S., or Rule 11B-27.0011, F.A.C., which does not result in the termination of the officer.
2. Submit this form within 45 days of the date the allegation has been sustained.
3. Submit this form to the Criminal Justice Professionalism Program if the circumstances meet the following criteria:
 - The officer pleads guilty, no contest, is found guilty, or is convicted of any felony or of a misdemeanor involving perjury or a false statement, regardless of withheld adjudication or suspended sentence.
 - The substantiated facts constitute a felony or enumerated misdemeanor offense, whether criminally charged or not.
4. The substantiated facts involve an act or conduct which constitutes:
 - Excessive use of force;
 - Misuse of official position (Section 112.313(6), F.S.);
 - Having an unprofessional relationship with an inmate, detainee, probationer or parolee, or community controllee;
 - Sexual harassment involving physical contact or misuse of official position;
 - Engaging in sex while on duty;
 - False statements during the employment application process;
 - Violation of standards of test administration; or
 - Conduct which subverts or attempts to subvert the Criminal Justice Standards and Training Commission, criminal justice training school, or employing agency examination process.
 - Any overt, conspicuous, or public act of a sexual or simulated sexual nature which is likely to be observed by others;
 - Willful failure of the agency head to comply with Chapter 943, F.S., as it pertains to Commission rule;
 - Intentional abuse of a Temporary Employment Authorization;
 - Testing positive for any controlled substances.

NOTE: DO NOT forward this form to the Criminal Justice Professionalism Program if the allegations have been sustained, but are violations of agency policy only, or other agency disposition has been found. If the allegations do not prove to be a violation of Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C., a copy of this form should be made a part of the investigative package and kept on file at the agency.

HOW TO COMPLETE EACH ITEM

1. **Officer's Social Security Number.** Enter the officer's nine-digit social security number as in this example: 000-00-0000.
2. **Officer's Name.** Enter the officer's legal last and first name. If the officer has middle initial, enter it above MI.
3. **Officer's Last Known Address.** Enter the officer's last known street address including the apartment number or P.O. Box number and the city. Enter the two-digit U.S. Postmaster's abbreviation of state and nine-digit zip code for the last known address on the third line. Enter the first five digits of the zip code as in this example: 32314-6554.
4. **Officer's Telephone Number.** Enter the officer's last known personal telephone number as in this example: (123) 456-7891.
5. **Agency ORI:** Enter the last seven digits of the agency's originating agency identifier number. There are nine digits in agency ORI codes. The first two have been entered, which are FL. Enter as in this example: FL0370000.
6. **Agency Name.** Enter the agency's name.
7. **Agency Contact Person.** Enter the name of person in your agency who can provide additional information to the Criminal Justice Standards and Training Commission regarding the officer's misconduct.
8. **Agency Contact Telephone Number.** Enter the telephone number of the contact person whose name you entered in item 7.
9. **Agency FAX Number.** Enter the FAX number for the agency if the agency has one.

10. **Nature of Allegation(s).** Enter a brief explanation of the officer's misconduct. Indicate in the narrative whether the elements of the misconduct constitute a felony or misdemeanor, whether criminally charged or not, or, constitutes a moral character violation.
11. **Agency Disposition.** Indicate the findings of the internal investigation by entering an X beside the appropriate box.
 - **Sustained: Violation of Section 943.13(4) or (7) F.S., or Rule 11B-27.0011, F.A.C.** In this case, the Internal Investigation Report form should be forwarded to the Criminal Justice Professionalism Program along with supporting documentation.
 - **Sustained: Violation of Agency Policy.** This indicates a violation of agency rules and/or regulations. These violations do not need to be reported to the Criminal Justice Professionalism Program.
 - **Not Sustained:** Insufficient evidence available to prove or disprove the allegation.
 - **Unfounded:** This indicates that the allegations are false or not supported by facts.
 - **Exonerated** - This indicates that the internal investigation determined that the alleged actions occurred but were lawful and proper.
12. **Limitation Period for Disciplinary Action.** Enter the date the internal investigation was initiated and completed. If any exceptions to the limitation period for disciplinary action exist, check all that apply and indicate the number of days tolled.
13. **Criminal Charges Filed.** Enter whether or not criminal charges were filed against the officer for the sustained misconduct. If criminal charges were filed, indicate charge and disposition along with the court case number. In addition, attach copies of all available court documentation.
14. **Agency Disciplinary Action.** Enter the type of administrative disciplinary action taken, if applicable i.e.; suspension, probation, etc.
15. **Attach and Forward the Following.** If the allegations have been sustained and determined to be a violation of Section 943.13(4) or (7), F.S. or Rule 11B-27.0011, F.A.C., indicate which of the following information has been attached with this form by entering an X beside the appropriate box.
 - **Summary of the Facts.** This should be in the form of letter and/or report giving a brief synopsis of the facts.
 - **Internal Investigation Report.** This should be a copy of the internal investigation report regarding the officer's misconduct.
 - **Witness Information.** This should include names, addresses and telephone numbers of individuals who witnessed the officer's misconduct.
 - **Statements and Depositions.** This should include any and all sworn testimony from either the officer or witnesses.
 - **Certified Court Documents.** This should include any evidence, pictures, audio or video tapes, etc., or any other information that would support the sustained allegation of officer misconduct.
16. **Agency Administrator's Signature.** Agency administrator or designee's signature.
17. **Date Signed.** The date the agency administrator or designee signed this form.
18. **Agency Administrator's Name and Title.** Type or print in black ink the agency administrator or designee's name and title.

AGENCY REQUIREMENTS

Submit the completed name change form and attachments to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Professional Compliance.**