



CJTC 1915: Agency Report

Per RCW 43.101.135 and WAC 139-06-020 - This form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) **within 15 days of occurrence.**

For purposes of RCW 43.101.135 reporting, "initial disciplinary decision" means the point at which an agency supervisor or management representative becomes aware of facts, circumstances, or allegations which if true, may constitute a violation of RCW 43.101.105 (2) – (3).

Serious injury means substantial bodily harm and great bodily harm as defined in RCW 9A.04.110 (4)(b) and (c).

Submission via email to certmail@cjtc.wa.gov

Section 1: Officer's Information

FULL Legal Name (as reflected on state issued driver's license) (First Middle Last):	Acadis ID:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Agency:	Status: <input type="checkbox"/> Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Corrections Deputy	
Badge no.	Hire Date (MM/DD/YYYY):	Date of Occurrence (MM/DD/YYYY):

Section 2: Occurrence Details (Check All Boxes That Apply):

<input type="checkbox"/> Discipline	<input type="checkbox"/> Suspension	<input type="checkbox"/> Criminal charges
Use of Force: <input type="checkbox"/> Death <input type="checkbox"/> Serious Injury		
Is there an ongoing investigation for occurrence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is investigating? Agency or Team		Incident number
Has there been previous sustained occurrences for the same behavior in the last 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Factual summary of the occurrence:		

Section 3: This section must be signed by the agency head or designee indicating the agency is aware of this action.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to peace and corrections officer certification and I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed this ____ day of _____, 20____, in _____, Washington.

Signature

Printed/Typed Name:	Rank/Title:	Contact Email:	Contact Phone:
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