

#### ALLEGED POLICY/REGULATION/WORK RULE VIOLATION REPORT DCF-2-3-4F (NEW 12/2024)

### FORMINSTRUCTIONS:

- 1. Employee who witnessed the incident makes oral report to Supervisor, Manager, Superintendent or designee before end of shift. If the violation was determined through the quality assurance process, the Deputy Commissioner of Administration shall submit this form to Labor Relations or designee.
- 2. Manager or designee submits original DCF-2-3-4F to Office Director, Superintendent, or designee by end of shift.
- 3. Office Director, Superintendent, or designee submits original DCF-2-3-4F to Labor Relations or designee.
- 4. Labor Relations or designee obtains statements from all witnesses and conducts an investigation.

#### File Number:

Alleged Violator	Employee No.	Gender	Race	Administrative Leave		Desk Duty	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

Please include known witnesses to the violation below:

Witnesses	Job Title	Location			

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## ALLEGED POLICY/ REGULATION/ WORK RULE VIOLATION REPORT

# SUPERVISOR/ MANAGER TO COMPLETE THIS SECTION

## Check all applicable boxes, print or write legibly, attach additional sheet as needed.

Facility		Location of Incident (Building, Ward, Room)			Time of Incident	Date of Incident		
Incident Reported By:		Title						
	Attendance		F POLICY/WORK RULE VIOLATIO		details on next page) duty Conduct-Nexus to e	mployment		
Type of Violation	Performance	Misuse of Sta	suse of State systems/property, Fleet/GL 115		Failure to report arrest			
	Substance impairment/ posses	sion 🗖 Theft/destructi	ion of State Property	🗖 Fai	□ Failure to cooperate with Investigation			
		License Revo	License Revocation, including driver's license		Workplace Violence/Harassment			
	Confidentiality	Abuse/Neglec	t, inappropriate relationships, SIU		S Policy/Other, list below			
	Possible Criminal Activity	Possible Compliance	e or Privacy Violation		Possible ODE Viol	ation or Sexual Harassment		
Check If:	(Notify Safety Services)		liance or Privacy Officer)			tify O.D.E.)		
Description of Incident			courred. Indicate persons inv onal 81/2 x 11 sheets if nece			escribe nature or injury,		
	Signature							
Completed By	olynature							
	Supervisor	Title		Time	Date Submitted			
	Signature							
	Office Director/Superintend	ent Title		Time	Date Submitted			
	Signature							
Investi	Name, The second	itle, Reason						
Hart	artment of Children & Fami Hudson Street ford, CT 06106 ne: 860-550-6300	lies	Page 2 of 2			ct.gov/dcf		