

**ALLEGED POLICY/REGULATION/WORK RULE VIOLATION REPORT**

DCF-2-3-4F

(REV. 03/2025)

**FORM INSTRUCTIONS:**

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 completes pages 1 and 2 and submits 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 with attached witness statements and any other relevant documents, i.e., emails, photos, police report, etc.

File Number:

Alleged Violator	Employee No.	Gender	Race	Administrative Leave	Desk Duty
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include known witnesses to the violation below and direct all witnesses (**DCF employees only**) to provide written statements via agency email:

Witnesses	Job Title	Location

Check all applicable boxes, attach additional MS Word .doc as needed for Description of Incident.

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Facility		Location of Incident (Building, Ward, Room)		Time of Incident	Date of Incident
Incident Reported By:		Title			
Type of Violation	CHECK ALLEGATION(S) OF POLICY/WORK RULE VIOLATION <i>(See details on next page)</i>				
	Attendance	Employee Arrest	Hostile Work Env./Harassment	Insubordination	License Revocation/Susp. (Professional/Drivers)
	Confidentiality	Misuse of State Equipment	Workplace Violence	Misuse of State Systems	CPS Policy/Other (List Below, include DCF policy ##)
	Inappropriate Restraint / Use of Force	Mandated Reporter Violation	Inappropriate Language/Conduct	Misuse/Theft of Time	
	Substance Impairment / Possession	Falsification of State/DCF Record	Abuse/Neglect, Inappropriate Relationship, SIU	Performance	Fleet Violation/GL 115
Check If:	<input type="checkbox"/> Possible Criminal Activity <i>(Notify Safety Services)</i>	<input type="checkbox"/> Possible Compliance or Privacy Violation <i>(Notify Compliance or Privacy Officer)</i>	<input type="checkbox"/> Possible ODE Violation or Sexual Harassment <i>(Notify O.D.E.)</i>		
Description of Incident	<i>(Describe accurately and completely events that occurred. Indicate people involved. If an injury occurred, describe nature of injury, cause and actions taken to treat injury. Attach additional MS WORD document to submission if necessary.)</i>				
Completed By	Incident Reported by		Title	Time	Date Submitted
	Supervisor		Title	Time	Date Submitted to Office Director/Superintendent
	Signature				
	Office Director/Superintendent		Title	Time	Date Submitted to Labor Relations
	Signature				
*Investigation Declined	Name, Title, *Reason for Declining to Investigate				