



# Vermont Criminal Justice Council Act 56 Submission of Completed Investigatory Form

*This Act 56 Completed Investigatory form must be submitted to the Deputy Director at the Vermont Criminal Justice Council. A valid and complete investigation, to include all supporting documentation, must accompany this form.*

Agency:	Date:
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Reporting Official Name:

Officer(s) named in complaint:	Officer Home Address:
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Category Violation as Determined by Department or Agency	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
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Internal Investigation Completed: <i>(If Applicable)</i>	Date:
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If an investigation was not completed state the reason why:

Criminal Probable Cause Determined: <i>(If Applicable)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Date of Determination for Probable Cause:	Date:
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Court Where Probable Cause was Determined: <i>(If Applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Court</i>	<i>County</i>		

**\*\*\*Submit all related documentation with this form\*\*\***

IA Policy:    Y  N       Policy Attached:    Y  N

BWC/In car video:    Y  N

Audio Recordings:    Y  N

Completed IA Investigation with Conclusion by Agency Head :    Y  N

**Confidential: For Internal Use Only**

Internal Tracking Number:	Civilian	Y <input type="checkbox"/>	N <input type="checkbox"/>
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Category Violation as Determined by VCJC Subcommittee	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
	N/A <input type="checkbox"/>	Dismissed <input type="checkbox"/>	

Sent to Full Council	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
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Number of Offense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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**Summary of Determination**