OPERATIONS REPORT

AGENCY	PERSON RECEIVING COMPLAINT	DATE/TIME RECEIVED _____/_____/_____ _____ 24 HRS TIME DISP'D	TIME ARRIVED TIME COMPLETED	CASE NUMBER

NATURE OF INCIDENT	
LOCATION OF INCIDENT	
VICTIM COMPLAINANT ACCUSED	

ACTION TAKEN

CLASSIFICATION	HOW RECEIVED	DISPOSITION	OFFICER ASSIGNED	DATE SUBMITTED
__General Police __Traffic __Emergency __Crime __Special Activity __Technical Assistance	__Phone __On-view __Walk-in __Other (____)	__Pending __Complete __See Inv. Report	OFFICER SIGNATURE	MONTH DAY YEAR / /

DCI IR 307