**THE UNIVERSITY OF TEXAS SYSTEM POLICE**

DP Form #32

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**PERSONNEL DISCIPLINARY REPORT**

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| **Name:**  **Date and Time of Incident:**  **Date and Time Reported:** |

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| **Complete Statement of Facts Concerning Misconduct:** |

Use Extra Sheet If Necessary

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| **Employee's Comments:** |

Use Extra Sheet If Necessary

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| **Section, Memorandum Number or Common Name of Infraction:** |
| **Penalty Imposed or Recommended**: |

|  |  |  |
| --- | --- | --- |
| Signature of Person Disciplined |  | Supervisor's Signature |
| Reviewed By |  | Chief of Police |