

DeKalb County Fire Department

Exhibit 35

Record of Disciplinary Action

Date Complaint Filed: _____

Complainant Filed By: _____

Nature of Complaint: _____

Details of Complaint: _____

Action Taken: _____

Officer(s) Administering Disciplinary Action:
(for termination or suspension more than 1 month, Executive Committee
must approve the disciplinary action)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Disposition Date: _____

Signature of Firefighter (optional): _____

Date: _____