

NJ Follow Up Report

Incident Type: _____

Incident Type: _____

Address (Community Only): _____

Media Interest : * Yes No

Current Status: * Closed Pending

Date Closed: _____

Reason for This Report: * New Information Investigation Completed Other

If Other: _____

Finding: Substantiated Unsubstantiated Unfounded

New Information: _____

Summary of Investigative Conclusion: _____

Actions to be Taken: _____

Other

Remarks/Recommendation: _____

Have you submitted this UIR to your supervisor for review?* Yes No

Supervisor: _____

If Other: _____

Title (Other): _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm

Note:- Required fields are marked with an asterisk (*)