

NLVPSA # \_\_\_\_\_  
 IA # \_\_\_\_\_  
 Case # \_\_\_\_\_

North Las Vegas Police Supervisors Association  
**REPRESENTATION REQUEST FORM**

<b>PART A</b> To Be Completed By Member	Member Name: _____		Dept/Div/Assignment: _____		RDOs: _____	
	Work Phone: _____		Home Phone: _____		Mobile Phone: _____	
	Date Notified of Hearing/Meeting: _____			Notified By: _____		
	Memos/Reports Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copies Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Immediate Supervisor: _____		Work Phone: _____		Shift Schedule: _____	
	Have you conducted any scheduled Meetings regarding this issue? Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: _____ Location: _____					
	Meetings With (name): _____			Case # (if any): _____		
	Date/Time of Alleged Incident: _____			Location: _____		
	I authorize the NLVPSA to review, access And copy all materials concerning this matter. (Signature): _____					
	Incident Witnesses (if any): _____					
Brief explanation of alleged incident or case for administrative action:						
Signature: _____			Date: _____			
<b>PART B</b> To Be Completed By NLVPSA	Received By: _____		Date: _____			
	Assigned NLVPSA Representative: _____					
	<b>Scheduled Meetings/Hearings</b>					
	Date	Time	Location	Member Name	Employer Representatives	

Distribution: NLVPSA, Member or Non-Member, R. Segerblom, Esq.

2013-07

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<b>PART C</b> To Be Completed By NLVPSA	Allegation Disposition: (Exonerated/Unfounded/Not Sustained/NBOOC/Policy or Procedure Failure)		
	Member Notification by:		Date:
	Notification Letter Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		Further Action Pending? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Materials needed from Association/Member:		

**INVESTIGATIVE ACTIVITIES**

Date/Time:	Meeting with:
NLVPSA Representative:	
Disposition:	
Date/Time:	Meeting with:
NLVPSA Representative:	
Disposition:	
Date/Time:	Meeting with:
NLVPSA Representative:	
Disposition:	

**MEETING WITH NLVPSA STAFF ATTORNEY**

Date/Time	Attorney	Amount of Time	Action Taken