



6395

ALCOHOL ENFORCEMENT TEAM SHOULDER TAP FORM

Please complete for all shoulder tap operations conducted in conjunction with AET efforts. The lead agency in multi-jurisdictional efforts should fill out this form. PLEASE WRITE IN CAPS.

REPORTING AGENCY:

COUNTY OF OPERATION:

JUDICIAL CIRCUIT:

DATE: / /

START TIME: : AM PM

END TIME: : AM PM

Location(s) of Operations: _____

Participating Agencies (if a multi-jurisdictional effort): _____

of People Approached:

of Alcohol Transfers:

of Other Alcohol-Related Offenses:

of All Other Offenses:

Please fill in the demographics of those ticketed. Offenders should be counted as Hispanic or Non-Hispanic in addition to being counted as Black/White/Other/etc.

Male	<input type="text"/>	Female	<input type="text"/>	Hispanic	<input type="text"/>	Non-Hispanic	<input type="text"/>		
Black	<input type="text"/>	White	<input type="text"/>	Asian	<input type="text"/>	American Indian	<input type="text"/>	Multi-Racial	<input type="text"/>
		Hawaiian/Pacific Islander	<input type="text"/>	Other	<input type="text"/>				
21-24	<input type="text"/>	25-44	<input type="text"/>	45-64	<input type="text"/>	65+	<input type="text"/>		

Name of person submitting this form: _____

Phone () _____ - _____ E-mail: _____