

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____

Phone _____ Preferred? ☐

Address (Apt #) _____

Email _____ ☐

City, State, Zip _____

Date of Birth _____

Employee(s) Subject to Allegation (Provide Whatever Info Is Known)

Employee(s) Name _____

Badge No. _____

Incident Location _____

Date/Time _____

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the employee's name or badge number, provide any other identifying information.

Other Information

How was this reported? ☐ In Person ☐ By Phone ☐ By Letter ☐ By Email ☐ Other _____Any physical evidence submitted? ☐ Yes ☐ No If yes, describe: _____Was incident previously reported? ☐ Yes ☐ No If yes, describe: _____

To Be Completed by Employee Receiving Report

Employee Receiving Complaint_____
Badge No._____
Date/Time_____
Supervisor Reviewing Complaint_____
Badge No._____
Date/Time