INTERNAL AFFAIRS REPORT FORM	
Person Making Report (Optional, But Helpful)	
Full Name	Preferred?
Address (Apt #)	Email 🗆
City, State, Zip Date c	of Birth
Officer(s) Subject to Allegation (Provide Whatever Info Is Known)	
Officer(s) Name Bad	dge No
Incident Location Dat	te/Time
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 Officers Receiving Report	
Officer Receiving Complaint	Badge No. Date/Time
Supervisor Reviewing Complaint	Badge No. Date/Time