Department/Agency		IA Case Number _		
INTERNAL AFFAIRS REPORT FORM				
Person Making Report (Optional, But Helpful)				
				Preferred?
Full Name		Phone _		□
Address (Apt #)		Email _		□
City, State, Zip		Date of Birth _		
Officer(s) Subject to Allegation (Provide Whatever Info Is Known)				
Officer(s) Name		Badge No		
Incident Location		Date/Time _		
	w, feel free to use extra pages and attach them to this of tentifying information. Other Information	·	ow the officer's na	me or badge number,
How was this report	ed? ☐ In Person ☐ By Phone ☐ By Letter ☐	□ By Email □ Other _.		
Any physical eviden	ce submitted? Yes No If yes, describe:	·		
Was incident previo	usly reported? Yes No If yes, describe:			
To Be Completed by Officers Receiving Report				
Officer Receiving Cor	nplaint		Badge No.	Date/Time
Supervisor Reviewing	Complaint		Badge No.	 Date/Time