

INTERNAL AFFAIRS COMPLAINT FORM

MORRIS PLAINS POLICE DEPARTMENT				IA #:				
Name:					Alias:			
Address:								
City:		State:		Zip Code:		Phone #:		
DOB:		SSN:			Age:		Sex:	Race:
Employer/School:					Phone:			
Address:								
City:		State:		Zip Code:		Phone #:		
INCIDENT								
Nature of Complaint:								
Complaint Against:								
Complaint Against:								
Date:		Time:	Date/Time Reported:		How Reported:			
Incident Location:								
Description of Incident:								
Description of Any Injuries								
Place of Treatment:				Doctor's Name:		Date of Treatment:		
Signature of Complainant:					Date:			
Action Taken:								
<input type="checkbox"/> No Further Action Requested By Complainant: _____ Signature of Complainant and Date								
<input type="checkbox"/> Referred to Other Agency: _____ Agency Name/Representative								
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ Date Forwarded								
Employee Taking Complaint:					Date:			