Department/Agency		IA Case Number		
	INTERNAL AFFAIRS	S REPORT FO)RM	
	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		
your response below	describe the type of incident (traffic stop, street encoun w, feel free to use extra pages and attach them to this dentifying information. Other Infor	ocument. If you do not ki	now 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? \square Yes \square 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