INTERNAL AFFAIRS REPORT FORM	
Person Making Report (Optional, But Helpful)	
	Preferred?
Full Name Phone	
Address Email	
City, State DOB	
Officer(s) Subject to Allegation (Provide Whatever Info is Known)	
Officer(s) B	adge No.
Incident Site D	
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 officer's name or badge number, provide any other identifying information.	
Other Information	
How was this reported? In Person Phone Letter	Email Other
	cribe:
Was incident previously reported? Yes No If yes, desc	cribe:
To Be Completed by Officers Receiving Report	
Officer Receiving Complaint	Badge No. Date/Time
Supervisor Receiving Complaint	Badge No. Date/Time