Rockaway Township Police Department

Department/Agency _____ IA Case Number _____

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____ **Phone** _____ Preferred? □

Address _____ **Email** _____ □

City, State _____ **DOB** _____

Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) _____ **Badge No.** _____

Incident Site _____ **Date/Time** _____

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 _____

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