

## INTERNAL AFFAIRS COMPLAINT FORM

<b>Department #:</b>		<b>IA #:</b>			
<b>Name:</b>			<b>Alias:</b>		
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone #:</b>					
<b>DOB:</b>		<b>SSN:</b>		<b>Age:</b>	
<b>Sex:</b>		<b>Race:</b>			
<b>Employer/School:</b>				<b>Phone:</b>	
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone #:</b>					
<b>INCIDENT</b>					
<b>Nature of Complaint:</b>					
<b>Complaint Against:</b>					
<b>Complaint Against:</b>					
<b>Date:</b>		<b>Time:</b>		<b>Date/Time Reported:</b>	
<b>How Reported:</b>					
<b>Incident Location:</b>					
<b>Description of Incident:</b>					
<b>Description of Any Injuries</b>					
<b>Place of Treatment:</b>			<b>Doctor's Name:</b>		<b>Date of Treatment:</b>
<b>Signature of Complainant:</b>				<b>Date:</b>	
<b>Action Taken:</b>					
<input type="checkbox"/> No Further Action Requested By Complainant: _____ <div style="text-align: right; margin-left: 200px;">Signature of Complainant and Date</div>					
<input type="checkbox"/> Referred to Other Agency: _____ <div style="text-align: right; margin-left: 150px;">Agency Name/Representative</div>					
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ <div style="text-align: right; margin-left: 150px;">Date Forwarded</div>					
<b>Employee Taking Complaint:</b>				<b>Date:</b>	