

INTERNAL AFFAIRS COMPLAINT FORM

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