Department/Agency	IA Case Numb	per	
	INTERNAL AFFAIRS REPORT	FORM	
	Person Making Report (Optional, But He	lpful)	
			Preferred?
Full Name	Phor	ne	□
Address (Apt #)	Ema	ail	□
City, State, Zip	Date of Bir	th	
Officer(s) Subject to Allegation (Provide Whatever Info Is Known)			
Officer(s) Name	Badge N	0.	
Incident Location	Date/Tin	ne	
provide any other id	Dentifying information.		
	Other Information		
How was this report	red? ☐ In Person ☐ By Phone ☐ By Letter ☐ By Email ☐ Of	her	
Any physical eviden	nce submitted? Yes No If yes, describe:		
Was incident previo	usly reported? Yes No If yes, describe:		
	To Be Completed by Officers Receiving F	Report	
Officer Receiving Cor		Badge No.	Date/Time
Supervisor Reviewing	n Complaint	Badge No.	Date/Time