

Appendix C

Internal Affairs Report Form

DEPARTMENT		ORI NO.		INTERNAL AFFAIRS CASE NO.	
PERSON MAKING REPORT					
NAME				ALIAS	
ADDRESS					
CITY		STATE	ZIP	PHONE	
DOB	SSN	AGE	SEX	RACE	
EMPLOYER/SCHOOL				PHONE	
ADDRESS			CITY	STATE	ZIP
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(s))				BADGE NO(s)	
DATE	TIME	DATE/TIME REPORTED		HOW REPORTED	
INCIDENT LOCATION			DIST/AREA		BEAT
DESCRIPTION OF INCIDENT					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
SIGNATURE OF COMPLAINT (Optional)				DATE	
COMMENTS					
SIGNATURE			BADGE NO	DATE RECEIVED	