

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____	Phone _____ Preferred? <input type="checkbox"/>
Address (Apt #) _____	Email _____ <input type="checkbox"/>
City, State, Zip _____	Date of Birth _____

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

Officer(s) Name _____	Badge No. _____
Incident Location _____	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. Email completed form to IA@ppdnj.com.

Other Information

How was this reported? In Person By Phone By Letter By 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