

INTERNAL AFFAIRS COMPLAINT FORM

MONROE TOWNSHIP POLICE DEPARTMENT		IA #:			
Name:				Alias:	
Address:					
City:		State:		Zip Code:	
				Phone #:	
DOB:		SSN:		Age:	
				Sex:	
				Race:	
Employer/School:				Phone:	
Address:					
City:		State:		Zip Code:	
				Phone #:	
INCIDENT					
Nature of Complaint:					
Complaint Against:					
Complaint Against:					
Date:		Time:		Date/Time Reported:	
				How Reported:	
Incident Location:					
Description of Incident:					
Description of Any Injuries					
Place of Treatment:			Doctor's Name:		Date of Treatment:
Signature of Complainant:				Date:	
Action Taken:					
<input type="checkbox"/> No Further Action Requested By Complainant: _____ <div style="text-align: right; margin-right: 100px;">Signature of Complainant and Date</div>					
<input type="checkbox"/> Referred to Other Agency: _____ <div style="text-align: right; margin-right: 100px;">Agency Name/Representative</div>					
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ <div style="text-align: right; margin-right: 100px;">Date Forwarded</div>					
Employee Taking Complaint:				Date:	