

Kinnelon Police Department

Internal Affairs Compliant/Report Form



<i>ANY OFFICER CAN GENERATE INITIAL COMPLAINT/REPORT</i>					
Person Making Report <i>(Complaints may be filed anonymously)</i>					
Name:			Alias:		
Address:					
City:			State:	Zip code:	
Phone:		Cell:	Work:		
DOB:	SSN:	Age:	Sex:	Race: <i>(optional)</i>	
Employer/School					
Address:					
City:			State:	Zip code:	
Incident					
Nature of Complaint:					
Complaint Against: <i>(Name(s))</i>				Badge#:	
Complaint Against: <i>(Name(s))</i>				Badge#:	
Date/Time Reported:			How Reported:		
Incident Date:			Incident Time:		
Incident Location:					
Description of Incident:					
Description of Any Injuries:					
Place of Treatment:					
Dr's Name:				Date of Treatment:	
Signature of Complainant: <i>(optional)</i>					
Signature of Complainant: <i>(optional)</i>				Date:	
Officer Signature:					
Officer Signature:				Badge#:	Date:
<i>INTERNAL USE ONLY</i>					
CAD#:			IR#:		
Forwarded to I.A. Officer: <i>(Officer signature)</i>				Date:	Time: