



DEPTFORD TOWNSHIP POLICE DEPARTMENT

Internal Affairs Complaint / Report Form

PERSON MAKING REPORT (Complaints may be filed anonymously)

Name					Alias				
Address									
City		State		Zip Code		Phone Number			
DOB		SSN		Age		Sex		Race	
Employer / School					Phone Number				
Address		City		State		Zip Code			

INCIDENT

Nature of Complaint								
Complaint Against (Name(s))					Badge Number(s)			
Date/Time of Incident		Incident Location						
Date/Time of Report				How Reported				

Description of Incident							
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Description of any Injuries

Place of Treatment

Doctor's Name

Date of Treatment

Signature Field

Date

Comments

Signature

Badge Number

Date Received