INTERNAL AFFAIRS COMPLAINT FORM

ROCKAWAY BOROUGH 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:					
☐ No Further Action Requested By Complainant: _____ Signature of Complainant and Date					
☐ Referred to Other Agency: _____ Agency Name/Representative					
☐ Forwarded to Internal Affairs Unit: _____ Date Forwarded					
Employee Taking Complaint:				Date:	