



Attachment B
Internal Affairs Report Form

Department/Agency

IA Case Number

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Preferred?

Full Name **Phone**
Address **Email**
City, State **DOB**

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

Officer(s) **Badge No.**
Incident Site **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.

Other Information

How was this reported? In Person Phone Letter Email Other _____
Any physical evidence submitted? Yes No **If yes, describe:** _____
Was the 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**