

Plumsted Township Police

INTERNAL AFFAIRS COMPLAINT FORM

PLUMSTED TCK BG-10 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;">Signature of Complainant and Date</div>							
<input type="checkbox"/> Referred to Other Agency: _____ <div style="text-align: right;">Agency Name/Representative</div>							
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ <div style="text-align: right;">Date Forwarded</div>							
Employee Taking Complaint:					Date:		