



INTERNAL AFFAIRS COMPLAINT REPORT

IR#	UCR	INTERNAL AFFAIRS #	PROSECUTOR'S CASE #
COMPLAINT			
Name		Alias	
Address			
City	State	Zip Code	Phone () DOB
SSN	Age	Sex	Race
Employer/School			Phone ()
Address	City	State	Zip Code
INCIDENT			
Nature of Complaint:			
Complaint Against:		Badge #	
1.			
2.		Badge #	
Date/Time Occurred	Location		Zone
Date/Time Reported	How Reported In Person () Mail () Phone () Other ()		
Describe Details:			
If injured describe injuries, treatment location, date and Doctor if applicable			
For Citizen Complaints additional details to be completed on a Statement of Facts Form.			
Signature of Complainant:			Date
Report Received By:			Date/Time
INTERNAL AFFAIRS USE ONLY			
Classification: Supervisory Investigation: _____ Internal Affairs Investigation _____ Demeanor () Procedural () Other ()			Date
Forward To: Supervisor _____ Other: _____			
Internal Affairs Officer Signature		Badge #	Date/Time