



INTERNAL AFFAIRS COMPLAINT FORM

Gray areas are for internal use only

DEPARTMENT		ORI NO.		INTERNAL AFFAIRS CASE NO.	
PERSON MAKING REPORT (May be anonymous)					
NAME					
ADDRESS					
CITY		STATE	ZIP	PHONE	
DOB		AGE	SEX	RACE (Optional, Statistical Use Only)	
EMPLOYER/SCHOOL				CELL PHONE	
ADDRESS		CITY		STATE	ZIP
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(S))				BADGE NUMBER(S)	
DATE	TIME	DATE/TIME REPORTED		HOW REPORTED	
INCIDENT LOCATION					
DESCRIPTION OF INCIDENT (If more room needed, use back of form)					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT (Optional)				DATE	
COMMENTS					
SIGNATURE		BADGE #		DATE RECEIVED	

Please mail, fax or bring to:

**Warren Township Police Department
Attn: Internal Affairs Division
44 Mountain Boulevard
Warren, NJ 07059**

**Phone Number: 908-753-1000
Fax Number: 908-757-7915**