

BROOKLAWN POLICE DEPARTMENT

INTERNAL AFFAIRS COMPLAINT FORM

Department BROOKLAWN POLICE DEPT.	File Number	Internal Affairs Unit Case Number
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COMPLAINANT

Name				Alias	
Address					
City		State	Zip	Phone	
DOB	SSN	Age	Sex	Race	Hispanic <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer / School				Phone	
Employer Address			City	State	Zip

INCIDENT

Nature of Complaint					
Complaint Against (Name(s))				Badge Number(s)	
Date of Incident				Time of Incident	Date / Time Reported
Offense / Incident Location				District / Assignment	

Description of Offense / Incident					
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Description of Any Injuries					
Place of Treatment		Doctor's Name		Date of Treatment	
Signature of Complainant				Date	

INTERNAL AFFAIRS USE ONLY

Complaint Received By		Rank	Date / Time Received
Received in Internal Affairs Unit By		ID Number	Date / Time Received