



INTERNAL AFFAIRS COMPLAINT FORM

SEA ISLE CITY 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:					Badge/ID #:		
Complaint Against:					Badge/ID #:		
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: N/A	
Signature of Complainant:					Date:		
Action Taken:							
<input type="checkbox"/> No Further Action Requested By Complainant: _____ <div style="text-align: right; margin-left: 200px;">Signature and Date of Complainant</div>							
<input type="checkbox"/> Referred to Other Agency: _____ <div style="text-align: right; margin-left: 100px;">Agency Name/Representative</div>							
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ <div style="text-align: right; margin-left: 100px;">Date Forwarded</div>							
Employee Taking Complaint:				Badge/ID#:		Date:	