

READINGTON TOWNSHIP POLICE DEPT

Department/Agency 507 County Route 523 Whitehouse Sta, NJ 08889

IA Case Number _____

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____ Phone _____ Preferred?

Address (Apt #) _____ Email _____

City, State, Zip _____ Date of Birth _____

Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) Name _____ Badge No. _____

Incident Location _____ Date/Time _____

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information.

Other Information

How was this reported? In Person By Phone By Letter By Email Other _____

Any physical evidence submitted? Yes No If yes, describe: _____

Was incident previously reported? Yes No If yes, describe: _____

To Be Completed by Officers Receiving Report

Officer Receiving Complaint Badge No. _____ Date/Time _____

Supervisor Reviewing Complaint Badge No. _____ Date/Time _____