INTERNAL AFFAIRS COMPLAINT FORM

HARDING TOWNSHIP 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:			
Complaint Against:			
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:
Signature of Complainant:			Date:

Action Taken:

☐ No Further Action Requested By Complainant: _____
Signature of Complainant and Date

☐ Referred to Other Agency: _____
Agency Name/Representative

☐ Forwarded to Internal Affairs Unit: _____
Date Forwarded

Employee Taking Complaint:		Date: