

(IA-17) / Appendix B

Department/Agency ATLANTIC CITY POLICE DEPARTMENT IA Case Number \_\_\_\_\_

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Preferred?
Address \_\_\_\_\_ Email \_\_\_\_\_
City, State \_\_\_\_\_ DOB \_\_\_\_\_
SS# \_\_\_\_\_ Age \_\_\_\_\_

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

Officer(s) \_\_\_\_\_ Badge No. \_\_\_\_\_
Officer(s) \_\_\_\_\_ Badge No. \_\_\_\_\_
Incident Site \_\_\_\_\_ Date/Time \_\_\_\_\_

I swear and/or affirm that the information contained in this statement is true. I understand that it is unlawful to provide information in this matter which I do not believe is truthful. In addition, upon signing this statement I acknowledge that I am aware that if I willingly provide false information in this matter, that I am subject to criminal prosecution for same. I further acknowledge that I have re-read this statement before signing it.

Other Information

How was this reported? [ ] In Person [ ] Phone [ ] Letter [ ] 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 \_\_\_\_\_



