

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** _____

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

Officer(s) _____ **Badge No.** _____
Incident Site _____ **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 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