



# ROXBURY TOWNSHIP POLICE DEPARTMENT



## INTERNAL AFFAIRS COMPLAINT FORM

<b>ROXBURY TOWNSHIP POLICE DEPARTMENT</b>		<b>CASE#</b>	<b>IA#</b>
<b>Name:</b>		<b>Alias:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>
<b>DOB:</b>	<b>SSN:</b>	<b>Age:</b>	<b>Sex:</b> <b>Race:</b>
<b>Employer/School:</b>			<b>Phone:</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>
<b>INCIDENT</b>			
<b>Nature of Complaint:</b>			
<b>Complaint Against:</b>			
<b>Complaint Against:</b>			
<b>Date:</b>	<b>Time:</b>	<b>Date/Time Reported:</b>	<b>How Reported:</b>
<b>Incident Location:</b>			
<b>Description of Incident:</b>			
<b>Description of Any Injuries:</b>			
<b>Place of Treatment:</b>		<b>Doctor's Name:</b>	<b>Date of Treatment:</b>
<b>Signature of Complainant:</b>			<b>Date:</b>
<b>Action Taken:</b>			
<input type="checkbox"/> <b>No Further Action Requested By Complainant:</b> _____ <span style="margin-left: 350px;">Signature of Complainant and Date</span>			
<input type="checkbox"/> <b>Referred to Other Agency:</b> _____ <span style="margin-left: 150px;">Agency Name/Representative</span>			
<input type="checkbox"/> <b>Forwarded to Internal Affairs Unit:</b> _____ <span style="margin-left: 250px;">Date Forwarded</span>			
<b>Employee Taking Complaint:</b>			<b>Date:</b>