

INTERNAL AFFAIRS COMPLAINT FORM

CAPE MAY COUNTY PROSECUTOR'S OFFICE			IA #:		Agency #:	
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:					Badge/ID #:	
Complaint Against:					Badge/ID #:	
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:						
<input type="checkbox"/> No Further Action Requested By Complainant: _____ <div style="text-align: right; margin-left: 200px;">Signature and Date of Complainant</div>						
<input type="checkbox"/> Referred to Other Agency: _____ <div style="text-align: right; margin-left: 100px;">Agency Name/Representative</div>						
<input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ <div style="text-align: right; margin-left: 150px;">Date Forwarded</div>						
Employee Taking Complaint:				Badge/ID#:		Date: