

Internal Affairs Complaint Form

MPD CASE #	ORI NO.	INTERNAL AFFAIRS CASE NO.
PERSON MAKING REPORT		
NAME		ALIAS
ADDRESS		
CITY	STATE	ZIP
PHONE		
DOB	SSN	AGE
SEX	RACE	
EMPLOYER/SCHOOL		PHONE
ADDRESS	CITY	STATE
		ZIP
INCIDENT		
NATURE OF COMPLAINT		
COMPLAINT AGAINST (NAME(s))		BADGE NO(s)

DATE	TIME	DATE/TIME REPORTED	HOW REPORTED
INCIDENT LOCATION		DIST/AREA	BEAT
DESCRIPTION OF ANY INJURIES			
PLACE OF TREATMENT	DOCTOR'S NAME	DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT <i>(Optional)</i>			DATE
COMMENTS			
SIGNATURE	BADGE NO.	DATE RECEIVED	