INTERNAL AFFAIRS COMPLAINT FORM

SEA ISLE CITY POLICE DEPARTMENT			IA #:		
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:** N/A	
Signature of Complainant:				**Date:**	

Action Taken:

No Further Action Requested By Complainant: _____
Signature and Date of Complainant

Referred to Other Agency: _____
Agency Name/Representative

Forwarded to Internal Affairs Unit: _____
Date Forwarded

Employee Taking Complaint:	**Badge/ID#:**	**Date:**