Parsippany Troy-Hills Township Police Department
Internal Affairs Report Form

DEPARTMENT	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			
DESCRIPTION OF INCIDENT			
DESCRIPTION OF ANY INJURIES			
PLACE OF TREATMENT	DOCTOR'S NAME	DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT *(OPTIONAL)*			DATE
COMMENTS			
SIGNATURE	BADGE NO.	DATE RECEIVED	