

| IA Casa Number |  |
|----------------|--|
| IA Case Number |  |

## **INTERNAL AFFAIRS REPORT FORM**

| Person Making Report (Optional, But Helpful)                                                                                                                                                                                                                                                                                              |               |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|--|
|                                                                                                                                                                                                                                                                                                                                           | ( ) [         | Preferred? |  |
| Full Name                                                                                                                                                                                                                                                                                                                                 | Phone         |            |  |
| Address                                                                                                                                                                                                                                                                                                                                   | Email         | □          |  |
| City, State                                                                                                                                                                                                                                                                                                                               | DOB           |            |  |
| Officer(s) Subject to Allegation (Provide Whatever Info Is Known)                                                                                                                                                                                                                                                                         |               |            |  |
| Officer(s)                                                                                                                                                                                                                                                                                                                                | Badge No.     |            |  |
| Incident Site                                                                                                                                                                                                                                                                                                                             | Date/Time     |            |  |
| In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information. |               |            |  |
| Other Information                                                                                                                                                                                                                                                                                                                         |               |            |  |
| How was this reported?   In Person   Phone   Letter   Email   Other  Any physical evidence submitted?   Yes   No   If yes, describe:  Was incident previously reported?   Yes   No   If yes, describe:                                                                                                                                    |               |            |  |
| To Be Completed by Officers Receiving Report                                                                                                                                                                                                                                                                                              |               |            |  |
|                                                                                                                                                                                                                                                                                                                                           |               |            |  |
| Officer Receiving Complaint                                                                                                                                                                                                                                                                                                               | Badge No. Dat | e/Time     |  |
| Supervisor Reviewing Complaint                                                                                                                                                                                                                                                                                                            | Badge No. Dat | te/Time    |  |