

**BROOKLAWN POLICE DEPARTMENT**

**INTERNAL AFFAIRS COMPLAINT FORM**

<b>Department</b> BROOKLAWN POLICE DEPT.	<b>File Number</b>	<b>Internal Affairs Unit Case Number</b>
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**COMPLAINANT**

<b>Name</b>		<b>Alias</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
<b>DOB</b>	<b>SSN</b>	<b>Age</b>	<b>Sex</b>
<b>Employer / School</b>		<b>Phone</b>	
<b>Employer Address</b>		<b>City</b>	<b>State</b>
			<b>Zip</b>

**INCIDENT**

<b>Nature of Complaint</b>			
<b>Complaint Against (Name(s))</b>			<b>Badge Number(s)</b>
<b>Date of Incident</b>	<b>Time of Incident</b>	<b>Date / Time Reported</b>	<b>How Reported</b>
<b>Offense / Incident Location</b>			<b>District / Assignment</b>
<b>Description of Offense / Incident</b>			
<b>Description of Any Injuries</b>			
<b>Place of Treatment</b>		<b>Doctor's Name</b>	<b>Date of Treatment</b>
<b>Signature of Complainant</b>			<b>Date</b>

**INTERNAL AFFAIRS USE ONLY**

<b>Complaint Received By</b>	<b>Rank</b>	<b>Date / Time Received</b>
<b>Received in Internal Affairs Unit By</b>	<b>ID Number</b>	<b>Date / Time Received</b>