

LEBANON TOWNSHIP POLICE DEPT

Department/Agency 530 WEST HILL ROAD GLEN GARDNER, NJ 08826

IA Case Number _____

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____

Phone _____ Preferred?

Address (Apt #) _____

Email _____

City, State, Zip _____

Date of Birth _____

Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) Name _____

Badge No. _____

Incident Location _____

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 By Phone By Letter By 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.

Date/Time

Supervisor Reviewing Complaint

Badge No.

Date/Time

