



TRENTON POLICE DEPARTMENT INTERNAL AFFAIRS REPORT FORM



Person Making Report (Optional, But Helpful)

Full Name _____	Phone _____	Preferred?
		<input type="checkbox"/>
Address _____	Email _____	<input type="checkbox"/>
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.	Date/Time
_____	_____	_____
Supervisor Reviewing Complaint	Badge No.	Date/Time

