**(AGENCY NAME)**

INTERNAL AFFAIRS COMPLAINT FORM

**Please submit as much contact information as possible so we may best get back to you for additional information and clarification.  You may submit a complaint anonymously, but that could hamper our ability to investigate this incident.**

Your Name 

DOB 

Your Address 

Address 2 

City / Town 

State 

Zip / Postal Code 

Country 

E-mail Address 

Phone Number 

**Please enter any other contact information which will help us contact you during business hours**



**Officer's Name (member about whom you are complaining)**



**Location (address/street name/highway name) where the incident occurred**



**Date the incident in question occurred (Please try to be as specific as possible)**



**Time the incident occurred**



**Explain in as much detail as possible what happened**



**Witness Contact Information**

Name 

DOB 

Company 

Address 

Address 2 

City/Town 

State 

Zip 

Country 

Email Address 

Phone Number 

**Witness Contact Information**

Name 

DOB 

Company 

Address 

Address 2 

City/Town 

State 

Zip 

Country 

Email Address 

Phone Number 

**Enter any special information or requests you’d like us to be aware of**

