



# MIDDLESEX COUNTY PROSECUTOR'S OFFICE

## PROFESSIONAL STANDARDS UNIT

### INTERNAL AFFAIRS REPORT FORM

DEPARTMENT/AGENCY				IA CASE #	
<b>PERSON MAKING REPORT (OPTIONAL, BUT HELPFUL)</b>					
FIRST NAME		LAST NAME		ALIAS	
HOME ADDRESS			CITY		STATE ZIP
TELEPHONE NUMBER		CELL PHONE NUMBER		E-MAIL ADDRESS	
DATE OF BIRTH		AGE	SSN		SEX RACE
EMPLOYER/SCHOOL				TELEPHONE	
ADDRESS			CITY		STATE ZIP
<b>INCIDENT</b>					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(S) IF KNOWN OR DESCRIPTION OF OFFICER(S))					BADGE #
DATE OF OCCURRENCE		TIME OF DAY	LOCATION OF OCCURRENCE		
INJURIES YES NO		DESCRIPTION OF INJURIES			
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
WITNESS (NAME)		ADDRESS		PHONE	AGE SEX
WITNESS (NAME)		ADDRESS		PHONE	AGE SEX
DESCRIPTION OF THE INCIDENT (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 the Continuation/Supplemental Form. If you do not know the officer's name or badge number, provide any other identifying information.)					
<b>FOR AGENCY USE ONLY</b>					
METHOD RECEIVED (CIRCLE): IN PERSON TELEPHONE EMAIL US MAIL OTHER:					
ANY PHYSICAL EVIDENCE SUBMITTED (CIRCLE): YES NO IF YES, DESCRIBE:					
WAS THE INCIDENT PREVIOUSLY REPORTED (CIRCLE): YES NO IF YES, DESCRIBE:					
RECEIVED BY (NAME/BADGE #)			SIGNATURE		DATE/TIME
REVIEWING SUPERVISOR (NAME/BADGE #)			SIGNATURE		DATE/TIME