



BERGEN COUNTY SHERIFF'S OFFICE

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____ Phone _____ Preferred?

Address _____ Email _____

City, State _____ DOB _____

Agency Personnel Subject to Allegation (Provide Whatever Info Is Known)

Employee Name(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 employee'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 _____

Agency IA Case Number _____