



# MIDDLESEX COUNTY LAW ENFORCEMENT

## INTERNAL AFFAIRS INCIDENT REPORT

DEPARTMENT		DIVISION		IA CASE #	
<b>PERSON MAKING REPORT</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 INCIDENT					
_____				_____	
COMPLAINANT'S SIGNATURE				DATE/TIME SIGNED	
<b>FOR AGENCY USE ONLY</b>					
METHOD RECEIVED:    WALK-IN    TELEPHONE    EMAIL    US MAIL    OTHER:					
RECEIVED BY (NAME/BADGE #)			SIGNATURE		DATE/TIME