



# EMERSON POLICE DEPARTMENT

## INTERNAL AFFAIRS REPORT FORM

DEPARTMENT		ORI #		INTERNAL AFFAIRS CASE #	
<b>PERSON MAKING REPORT</b>					
NAME				ALIAS	
ADDRESS					
CITY		STATE	ZIPCODE	PHONE	
DOB		SSN	AGE	SEX	RACE
EMPLOYER/SCHOOL				PHONE	
ADDRESS		CITY		STATE	ZIP
<b>INCIDENT</b>					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(S))					BADGE #
DATE		TIME	DATE/TIME REPORTED		HOW REPORTED
INCIDENT LOCATION					
DESCRIPTION OF INCIDENT					
DESCRIPTION OF INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		TREATMENT DATE	
SIGNATURE OF COMPLAINT					DATE
REPORT RECEIVED BY			BADGE #	DATE RECEIVED	
<b>FORWARDED TO:</b>					
___ INTERNAL AFFAIRS		___ OTHER		___ UNFOUNDED due to insufficient information	
COMMENTS					
SIGNATURE OF COMPLAINT				BADGE #	DATE