

## Raritan Township Police Department

## INTERNAL AFFAIRS REPORT FORM

DEPARTMENT ORI NO. INTERNAL AFFAIRS CASE NO. NJ0102100					
PERSON MAKING REPORT					
NAME ALIAS					
ADDRESS					
CITY		STATE	ZIP	PHONE	,
DOB	SSN	AGE	SEX	RACE	W.
EMPLOYER/SCHOOL PHONE					
ADDRESS			CITY	PHONE	
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST [NAME(S)]  BADGE NO(S)					
DATE TIME DATE/TIME REPORTED HOW REPORTED					
INCIDENT LOCATION DIST/AREA BEAT					
DESCRIPTION OF INCIDENT					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT DOCTOR'S NAME DATE OF TRE				DATE OF TREATI	MENT
SIGNATURE OF COMPLAINANT (Optional)					DATE
COMMENTS					
SIGNATURE		[3]	BADGE NO.		DATE RECEIVED