FREEHOLD BOROUGH POLICE DEPARTMENT
INTERNAL AFFAIRS COMPLAINT FORM

		IA #:		
Name:			**Alias:**	
Address:				
City:	**State:**	**Zip Code:**	**Phone #:**	
DOB:	**SSN:**	**Age:**	**Sex:**	**Race:**
Employer/School:			**Phone:**	
Address:				
City:	**State:**	**Zip Code:**	**Phone #:**	

INCIDENT

Nature of Complaint:			
Complaint Against:			
Complaint Against:			
Date:	**Time:**	**Date/Time Reported:**	**How Reported:**
Incident Location:			
Description of Incident:			
Description of Any Injuries			
Place of Treatment:		**Doctor's Name:**	**Date of Treatment:**
Signature of Complainant:			**Date:**

Action Taken:

☐ **No Further Action Requested By Complainant:** _____
Signature of Complainant and Date

☐ **Referred to Other Agency:** _____
Agency Name/Representative

☐ **Forwarded to Internal Affairs Unit:** _____
Date Forwarded

Employee Taking Complaint:		**Date:**