

GREENWICH TOWNSHIP POLICE DEPARTMENT
INTERNAL AFFAIRS INITIAL COMPLAINT REPORT

MUNICIPAL AGENCY _____ DEPARTMENT CASE# _____

Date of Complaint _____ Time of Complaint _____

Name of Complainant _____

Address _____

Phone Number _____ DOB _____ SOC _____

Source of Complaint () Walk-In () Phone () Letter () Other _____

OFFICER(S) INVOLVED

OFFICER #1 Name _____ Rank _____

Badge Number _____ DOB _____ On Duty At Time ? Y - N _____

OFFICER #2 Name _____ Rank _____

Badge Number _____ DOB _____ On Duty At Time ? Y - N _____

OFFICER #3 Name _____ Rank _____

Badge Number _____ DOB _____ On Duty At Time ? Y - N _____

OFFICER #4 Name _____ Rank _____

Badge Number _____ DOB _____ On Duty At Time ? Y - N _____

INCIDENT INFORMATION

Date of Incident _____ Time of Incident _____

Location of Incident _____

Description of Complaint _____

continue on back if additional space is needed

Report Prepared By _____ Rank _____ Date _____

COMPLAINANT SIGNATURE _____ DATE _____