

NORTH PLAINFIELD POLICE DEPARTMENT

Internal Affairs Complaint/Report Form

Please mail or FAX to: North Plainfield Police Department

263 Somerset Street North Plainfield, NJ

07060

Phone Number 908.796-.2937 FAX Number 908.769.0731

| DEPARTMENT | | ORI NO. | | INTERNAL AFFAIRS CASE NO. | |
|--|-----|---------|-----|---------------------------------------|--|
| PERSON MAKING REPORT | | | | | |
| (May be anonymous) | | | | | |
| NAME | | | | ALIAS | |
| ADDRESS | | | | | |
| CITY | | STATE | ZIP | PHONE NO. | |
| DOB | SSN | AGE | SEX | RACE (Optional, statistical use only) | |
| EMPLOYER / SCHOOL | | | | PHONE NO. | |
| ADDRESS | | | | CITY STATE ZIP | |
| INCIDENT | | | | | |
| NATURE OF COMPLAINT | | | | | |
| COMPLAINT AGAINST (Name(s)) | | | | BADGE NO(S) | |
| DATE | | | | E REPORTED AND HOW REPORTED | |
| INCIDENT LOCATION (Exact address if you have it) | | | | | |
| DESCRIPTION OF INCIDENT | | | | | |
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| DESCRIPTION OF ANY INJURIES | | | | |
|-------------------------------------|-----------|-------------------|--|--|
| TREATMENT: PLACE(S) | DATE | DOCTOR(S) NAME(S) | | |
| | | | | |
| SIGNATURE OF COMPLAINANT (Optional) | | DATE | | |
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| COMMENTS | | | | |
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| SIGNATURE | BADGE NO. | DATE RECEIVED | | |
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