Dei	partm	ent/A	Agency
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IA Case Number

INTERNAL AFFAIRS REPORT FORM							
Person Making Report (Optional, But Helpful)							
Full Name		Phone		Preferred?			
Address		Email					
City, State		DOB					
Officer(s) Subject to Allegation (Provide Whatever Info Is Known)							
Officer(s)		_ Badge No.					
Incident Site		Date/Time					
In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this							
document. If you do	o not know the officer's name or badge	number, provide a	any other identify	ing information.			
Other Information							
How was this reported? In Person Phone Letter Email Other							
Any physical evidence submitted? • Yes • No If yes, describe: Was incident previously reported? • Yes • No If yes, describe:							
To Be Completed by Officers Receiving Report							
Officer Descivit	Complaint			Data /Tima			
Officer Receiving	s comptaint	В	adge No.	Date/Time			
Supervisor Review	wing Complaint	B	Badge No.	Date/Time			