



# UNION COUNTY SHERIFF'S OFFICE OFFICE OF PROFESSIONAL STANDARDS



CONFIDENTIAL DOCUMENT

## INTERNAL AFFAIRS REPORT FORM

### Person Making Report (Optional, But Helpful)

Preferred?

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

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 not know the officer's name or badge number, provide any other identifying 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 Receiving Complaint Badge No. \_\_\_\_\_ Date/Time \_\_\_\_\_

\_\_\_\_\_  
Supervisor Reviewing Complaint Badge No. \_\_\_\_\_ Date/Time \_\_\_\_\_

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*An Equal Opportunity Employer*

UNION COUNTY SHERIFF'S OFFICE

Office of Professional Standards – Internal Affairs Unit : 10 Elizabethtown Plaza, Elizabeth, New Jersey 07207

Main: 908-527-4705 – Facsimile: 908-527-4272