



PASSAIC COUNTY PROSECUTOR'S OFFICE INTERNAL AFFAIRS COMPLAINT FORM

PUBLIC INTEGRITY UNIT CASE NO. _____

PERSON MAKING REPORT

NAME		ALIAS		
ADDRESS				
CITY		STATE	ZIP	PHONE
DOB	SSN	AGE	SEX	RACE

INCIDENT

COMPLAINT AGAINST (NAME(S) and/or BADGE NO(S))			
DATE	TIME	DATE/TIME REPORTED	HOW REPORTED
INCIDENT LOCATION			
EXPLAIN YOUR COMPLAINT (PLEASE USE REVERSE SIDE OR ADDITIONAL PAGE IF NECESSARY)			
NAME(S) OF WITNESS(ES)			
SIGNATURE OF COMPLAINANT		DATE	

Signature _____ Date _____

.....
For PCPO Use Only—Do Not Write Below This Line

Received by PCPO on: _____ By: _____ Assigned to: _____