



# 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	

N.J.S.A. 2C:28-4 – False Reports to Law Enforcement Authorities, makes it a crime to knowingly give false information to the Passaic County Prosecutor's Office in this complaint. Any false information made by you in this complaint may result in you being criminally prosecuted. Do you understand this? \_\_\_\_ Yes \_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Received by PCPO on: \_\_\_\_\_ By: \_\_\_\_\_ Assigned to: \_\_\_\_\_