



GIBBSBORO POLICE DEPARTMENT

Internal Affairs Report Form

Person Making Report (Optional, But Helpful)

Full Name: _____	Phone: _____
Address: _____	Email: _____
City & State: _____	Date of Birth: _____

Officer(s) Subject to Allegation (Provide Whatever info is Known)

Officer(s): _____	Badge No.: _____
Incident Location: _____	Date & Time: _____

In the space below, describe the type of incident (traffic stop, street encounter) any information about the alleged conduct. If you cannot fir 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

Internal Affairs Number: _____