

TELEPHONE
(609) 625-2700
(609) 965-2901

Egg Harbor City

Department of Public Safety

500 London Avenue,
Egg Harbor City, NJ 08215



Marcella Aylwin
Chief of Police

Department/Agency _____ 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 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 _____