



Readington Twsp Police Department

Internal Affairs Division Complaint form

Case / Incident #:		IA Case #:		Report date:	
Person making report					
Complainant:				Alias:	
Address:					
City:		State:	Zip:	Phone:	
DOB:	SSN:		Age:	Sex:	Race:
Employer / School:				Phone:	
Address:			City:	State:	Zip:
Incident					
Nature of Complaint:					
Subject officers:					
Incident location:					
Incident date:	Time:	Date / Time reported:		How reported:	
Witnesses:				Phone:	
<p>The complainant in this matter shall understands that any person who knowingly gives or causes to be given false information to any law enforcement officer with the purpose to implicate another commits a crime of the fourth degree. The information provided in the above complaint shall constitute a formal police report and will be used in the prosecution of a violation of N.J.S.A. 2C:28-4 if so warranted.</p>					
Signature of Complainant:					Date:
Official taking complaint:			Signature:		Date: