

BRIDGEWATER TOWNSHIP

Police Department

Acting Chief Paul Payne

100 Commons way
 Bridgewater, New Jersey, 08807
 908 722-4111



Internal Affairs Complaint Form

Person Filing Internal Affairs Complaint

Full Name			Internal Affairs Case #		
Street Address		City		State	
Zip Code	Home Phone #	Cell:	Work:		
Date of Birth	Social Security #	Age	Sex	Race	
Employer/School		Work Address			

Incident Description

Complaint Against - Name(s)					
Nature of Complaint					
Date of Incident	Time of Incident	Location of Incident			
Date & Time Reported to Bridgewater Police			How Reported (in person, phone, anonymous)		
Description of injuries(if any)					
Place of Treatment		Doctor's Name		Date of Treatment	
Description of Incident (please use continuation page if needed)					

I certify the information provided in the form is correct and true. I understand that the falsification of any information I have given in this form is punishable under N.J.S 2C:28-3 (Unsworn Falsification to Authorities)

Signature of Person Making Complaint		Date & Time	
Signature of Officer Receiving Complaint		Badge Number	Date & Time



Bridgewater Township Police Department
Internal Affairs Continuation Page

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Signature of Person Making Complaint	Date & Time
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Signature of Officer Receiving Complaint	Date & Time
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