Department/Agency		IA Case	Number	
INTERNAL AFFAIRS REPORT FORM				
Person Making Report (Optional, But Helpful)				
Full Name			Phone	Preferred?
Address (Apt #)			Email	
City, State, Zip		Date o	f Birth	
Officer(s) Subject to Allegation (Provide Whatever Info Is Known)				
Officer(s) Name		Bad	ge No	
Incident Location		Date	e/Time	
provide any other ider	urying mornauon.			
Other Information				
Any physical evidence	? □ In Person □ By Phone submitted? □ Yes □ No Iy reported? □ Yes □ No	If yes, describe:		
To Be Completed by Officers Receiving Report				
Officer Receiving Comp	laint		Badge No.	Date/Time
. 3	-		<u> </u>	

BCSO-IAU-02, Apr2020