



Rockaway Township Police Department
 65 Mount Hope Road
 Rockaway, New Jersey 07866
 Main – (973) 625-4000 Fax – (973) 983-2913



Internal Affairs Complaint Form

Rockaway Township Police Department					Internal Affairs Complaint Form				
Department			File Number			Internal Affairs Unit Case Number			
Complainant									
Name						Alias			
Address									
City			State		Zip		Phone		
DOB		SSN		Age		Sex		Race	Hispanic
Employer / School							Phone		
Employer Address					City			State	Zip
Incident									
Nature of Complaint									
Complaint Against (Name(s))							Badge Number(s)		
Date		Time		Date / Time Reported			How Reported		
Offense / Incident Location							District / Assignment		
Description of Offense / Incident									
*** FALSE POLICE REPORTS TO A LAW ENFORCEMENT AGENCY *** Anyone who makes fictitious report to a law enforcement agency of an offense or incident knowing It did not occur, is a Disorderly Person Offense and can be charged under 2C:28-4b1 of New Jersey Criminal Justice Code.									
Description of Any Injuries									
Place of Treatment			Doctor's Name			Date of Treatment			
Signature of Complainant								Date	
INTERNAL AFFAIRS USE ONLY									
Complaint Received By					Rank		Date / Time Received		
Received in Internal Affairs Unit by					ID Number		Date / Time Received		