

**RIDGEFIELD POLICE DEPARTMENT**  
**RIDGEFIELD, NEW JERSEY**  
**Internal Affairs Report Form**

<b>Department:</b> Ridgefield Police Department	<b>ORI:</b> NJ0024900	<b>Internal Affairs Case No.</b>
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**PERSON MAKING REPORT (Optional, But Helpful)**

<b>Name:</b>		<b>Alias:</b>		
<b>Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>	
<b>DOB:</b>	<b>SSN:</b>	<b>Age:</b>	<b>Sex:</b>	<b>Race:</b>
<b>Employer/School:</b>			<b>Phone:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**INCIDENT (Provide Whatever Info is Known)**

<b>Nature of Incident:</b>				
<b>Complaint Against (Name(s):</b>			<b>Badge No(s):</b>	
<b>Date:</b>	<b>Time:</b>	<b>Date/Time Reported:</b>	<b>How Reported:</b>	
<b>Incident Location:</b>				<b>Post No:</b>
<b>Description of Incident:</b>				
<b>Description of any Injuries:</b>				
<b>Place of Treatment:</b>		<b>Doctors Name:</b>		<b>Date of treatment:</b>
<b>Signature of Complainant (optional):</b>				<b>Date:</b>
<b>Comments:</b>				
<b>Signature of Officer:</b>			<b>Badge No:</b>	<b>Date Received:</b>