**Mohawk Tribal Police Department**

**Internal Affairs Division**

**Internal Affairs Complaint Form**

|  |  |
| --- | --- |
| DEPARTMENT | INTERNAL AFFAIRS CASE NO. |
| **Mohawk Tribal Police Department** |  |
| **PERSON MAKING REPORT** |
| NAME | ALIAS |
|  |  |
| ADDRESS |
|  |
| CITY | STATE | ZIP | PHONE |
|  |  |  |  |
| DOB | SSN | AGE | SEX | RACE |
|  |  |  |  |  |
| EMPLOYER/SCHOOL | PHONE |
|  |  |
| ADDRESS | CITY | STATE | ZIP |
|  |  |  |  |
| **INCIDENT** |
| NATURE OF COMPLAINT |
|  |
| COMPLAINT AGAINST (NAME(S)) | BADGE NO(S) |
|  |  |
|  |  |
| DATE | TIME | DATE/TIME REPORTED | HOW REPORTED |
|  |  |  |  |
| INCIDENT LOCATION | DIST/AREA | BEAT |
|  |  |  |
| DESCRIPTION OF INCIDENT |
|  |
| DESCRIPTION OF ANY INJURIES |
|  |
| PLACE OF TREATMENT | DOCTOR’S NAME | DATE OF TREATMENT |
|  |  |  |
| SIGNATURE OF COMPLAINANT *(OPTIONAL)* | DATE |
|  |  |
| COMMENTS |
|  |
| SIGNATURE | BADGE NO. | DATE RECEIVED |
|  |  |  |