**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 | | | |
|  | | | | | |  | |  | | | |