



**SPARTA TOWNSHIP  
POLICE DEPARTMENT**  
65 MAIN STREET • SPARTA, NEW JERSEY 07871-1903  
Ph: (973) 729-6121 • Fax: (973) 729-5073  
[www.spartapd.org](http://www.spartapd.org)



## Appendix B

Department/Agency \_\_\_\_\_ IA Case Number \_\_\_\_\_

### INTERNAL AFFAIRS REPORT FORM

#### Person Making Report (Optional, But Helpful)

Full Name \_\_\_\_\_ Preferred?   
Address \_\_\_\_\_ Email \_\_\_\_\_   
City, State \_\_\_\_\_ DOB \_\_\_\_\_

#### Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) \_\_\_\_\_ Badge No. \_\_\_\_\_

Incident Site \_\_\_\_\_ Date/Time \_\_\_\_\_

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information.

#### Other Information

How was this reported?  In Person  Phone  Letter  Email  Other \_\_\_\_\_



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Any physical evidence submitted?  Yes  No If yes, describe: \_\_\_\_\_

Was incident previously reported?  Yes  No If yes, describe: \_\_\_\_\_

## To Be Completed by Officers Receiving Report

Officer Receiving Complaint

Badge No.

Date/Time

Supervisor Reviewing Complaint

Badge No.

Date/Time