



SPARTA TOWNSHIP POLICE DEPARTMENT

65 MAIN STREET ♦ SPARTA, NEW JERSEY 07871-1903
Ph: (973) 729-6121 ♦ Fax: (973) 729-5073
www.spartapd.org



Appendix B

Department/Agency _____ IA Case Number _____

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____	Phone _____	Preferred? <input type="checkbox"/>
Address _____	Email _____	<input type="checkbox"/>
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