



Truro Police Department

Internal Affairs Complaint Form

Last Name	First			Middle
Street Address	City/Town	State	Zip Code	Telephone
Business Address	City/Town	State	Zip Code	
Email Address	Cell Phone Number			

Name of Officer Complaint Against	Rank	Badge Number
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Description if name not known

Date of Incident	Time of Incident	Location of Incident
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Description of Incident		

Description of Incident (con't)
Desired Outcome



Name of Witness	Address	Telephone
Name of Witness	Address	Telephone
Name of Witness	Address	Telephone



I HAVE READ THIS COMPLAINT REPORT AND I TRULY DECLARE AND AFFIRM THAT THE STATEMENTS CONTENTS HERIN ARE ACCURATE TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AM NOT WILLING TO TESTIFY AT ANY HEARING IN CONNECTION WITH THIS COMPLAINT.

Signature of Complainant	Signature of Complainants Parent/Guardian if he/she is a minor
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Date and Time Received	Signature of Person Receiving Report
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