

***Township of Medford  
Division of Police  
Internal Affairs: Complaint Form***

Department: Medford Township Police  
Internal Affairs Case No.

ORI No. NJ0032100

**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): Badge No.

Date/Time of Incident: Date/Time Reported:

How Reported: Incident Location: .

Description of Any Injuries:

Place of Treatment: Doctor's Name:

Date of Treatment:

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Report Received By:

\_\_\_\_\_  
Badge No.

\_\_\_\_\_  
Date Received

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FORWARDED TO:  INTERNAL AFFAIRS     OTHER

Comments:

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Signature:

Badge No:

Date: