

**University Police
Internal Affairs Complaint Report**

Section A
To be Completed by the Complainant Party
(Please Print)

Date Reported:

Date & Time Incident Occurred:

Officer's Name (*if known*):
or Physical Description:

Complainant's Name:

Home Phone:

Address:

Cell Phone:

#1. Witness's Name:

Home Phone:

Address:

Cell Phone:

#2. Witness's Name:

Home Phone:

Address:

Cell Phone:

Allegation Narrative:

Complainant Party's Signature:

Date: