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 630 Avenue C
 Bayonne, NJ 07002
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City of Bayonne Police Department

INTERNAL AFFAIRS REPORT FORM

Person Making Report (Optional, But Helpful)

Full Name _____ **Phone** _____ **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 _____

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