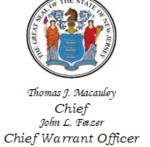


Camden County Office of the Sheriff

520 Market Street •Room 100-Courthouse •Camden, NJ 08102 Phone: 856.225.5470 • Fax: 856.225.5578 Email: sheriff@sheriffcc.com www.camdencounty.com/sheriff





INTERNAL AFFAIRS REPORT FORM		
Person Making Report (Optional)		
Full Name Ph Address En	nail	
City, State DC)R	
Officer(s) Subject to Allegation (Provide whatever info is known)		
Officer(s) B	adge No	
Incident Site D In the space below, describe the type of incident (traffic stop, s	ate/Time	
alleged conduct. If you cannot fit your response below, feel fi document. If you do not know the officer's name or badge num	nber, provide any other ide	
Other Information		
How was this reported? In person Phone Letter Email Other		
To be Completed by Officers Receiving Report		
Officer Receiving Complaint	Badge No.	 Date/Time
Supervisor Reviewing Complaint	Badge No.	Date/Time