

PINE HILL POLICE DEPARTMENT

Christopher J. Winters
Chief of Police



Police Administration Building
48 West Sixth Avenue
Pine Hill, NJ 08021

Emergency: 9-1-1
Non-Emergency: 856-783-1549
Main Fax: 856-784-4209
www.pinehillpd.com

INTERNAL AFFAIRS CASE NUMBER _____ - _____ - _____

PINE HILL POLICE DEPARTMENT INTERNAL AFFAIRS REPORT

INCIDENT CASE NUMBER: _____ DATE RECEIVED: _____ TIME: _____

RECEIVED BY: _____
PRINT RANK PRINT NAME BADGE #

ALLEGED VICTIM INFORMATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DL#: _____ D.O.B. _____ AGE: _____

SEX: M / F RACE: _____ HISPANIC: YES / NO

TELEPHONE: (H) _____ (OTHER) _____

DESCRIPTION OF INJURIES: _____

PHYSICIAN: _____ PHONE: _____

DATE OF TREATMENT: _____ FACILITY: _____

POLICE PHOTOGRAPHS TAKEN: YES / NO

PERSON REPORTING INFORMATION

NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____

TELEPHONE: (H) _____ (OTHER) _____

HOW RECEIVED: WALK IN _____ TELEPHONE _____ MAIL _____ EMAIL _____ OTHER _____

INCIDENT INFORMATION

LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME: _____

OFFICER(S) INVOLVED: _____

INTERNAL AFFAIRS CASE NUMBER _____-_____-_____

DESCRIPTION OF INCIDENT: _____

I understand that this statement of complaint will be reviewed by the Pine Hill Police Department Internal Affairs Unit and will be the basis for an investigation. I sincerely and truly declare and affirm, under penalties of false swearing, that the facts contained in this complaint are true and accurate to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT: _____ DATE: _____

SIGNATURE OF MEMBER TAKING COMPLAINT: _____ BADGE: _____

FORWARD DIRECTLY TO THE INTERNAL AFFAIRS