MANCHESTER TOWNSHIP POLICE
INTERNAL AFFAIRS COMPLAINT/INTAKE FORM

Name:			**IA #:**	
Address:				
City:	**State:**	**Zip Code:**	**Phone #:**	
DOB:	**SSN:**	**Age:**	**Sex:**	**Race:**
Employer/School:			**Phone:**	
Address:				
City:	**State:**	**Zip Code:**	**Phone #:**	

INCIDENT

Nature of Complaint:			
Complaint Against:			**Badge/ID #:**
Complaint Against:			**Badge/ID #:**
Date:	**Time:**	**Date/Time Reported:**	**How Reported:**
Incident Location:			**Case #:**

Description of Incident:

Description of Any Injuries:

Place of Treatment:	**Doctor's Name:**	**Date of Treatment:**
Signature of Complainant:		**Date:**

Action Taken:

☐ **Referred to Other Agency:** _____
Agency name/representative

☐ **Forwarded to Internal Affairs Unit:** _____
Date forwarded

Employee Taking Complaint:	**Badge/ID#:**	**Date:**