

WERE YOU ARRESTED: _____ WERE YOU INJURED: _____

WAS ANYONE NOTIFIED OF INJURY: _____ IF SO WHOM: _____

NAME OF HOSPITAL, DOCOTOR (IF KNOWN): _____

COMPLETE IF APPLICABLE:

DESCRIBE INJURY/TYPE OF FORCE USED:

DESCRIBE DISCOURTESY:

COMPLAINANT'S SIGNATURE (OPTIONAL) _____ DATE _____

SUPERVISORS SIGNATURE _____ RANK/SHIED _____ DATE _____

-----OFFICE/INTERNAL USE ONLY-----

DATE: _____ TIME: _____ AM/PM

HOW RECEIVED: REFERRAL ___ IN PERSON ___ US MAIL ___ TELEPHONE ___ E-AMIL ___

REFERRED TO:

DIVISION COMMANDER/LT: _____

INTERNAL AFFAIRS DIVISION: _____

CHIEF OF POLICE: _____