



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: \_\_\_\_\_