

**Mohawk Tribal Police Department
Internal Affairs Division**

Internal Affairs Complaint Form

DEPARTMENT Mohawk Tribal Police Department				INTERNAL AFFAIRS CASE NO.	
PERSON MAKING REPORT					
NAME				ALIAS	
ADDRESS					
CITY		STATE	ZIP	PHONE	
DOB	SSN	AGE	SEX	RACE	
EMPLOYER/SCHOOL				PHONE	
ADDRESS			CITY	STATE	ZIP
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(S))				BADGE NO(S)	
DATE	TIME	DATE/TIME REPORTED		HOW REPORTED	
INCIDENT LOCATION				DIST/AREA	BEAT
DESCRIPTION OF INCIDENT					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT (<i>OPTIONAL</i>)				DATE	
COMMENTS					
SIGNATURE			BADGE NO.	DATE RECEIVED	