



# ERIE POLICE DEPARTMENT



## INITIAL INQUIRY REPORT – COMPLETED BY A SUPERVISOR

Date Received:	Time:	<b>Complaint:</b> Informal: <input type="checkbox"/> IA Formal: <input type="checkbox"/>	
Incident Date:	Time:	Complaint Nature:	
Incident Location:		Internal Affairs Number:	Initial Inquiry Number:
Complainant #1:	Home Address:		Home Phone:
	City, State, Zip:		
	Work Address:		Work Phone:
Complainant #2:	Home Address:		Home Phone:
	City, State, Zip:		
	Work Address:		Work Phone:
Witness #1:	Home Address:		Home Phone:
	Work Address:		Work Phone:
Witness #2:	Home Address:		Home Phone:
	Work Address:		Work Phone:
Officer #1:	Badge:	Assignment:	
Officer #2:	Badge:	Assignment:	
Officer #3:	Badge:	Assignment:	
Officer #4:	Badge:	Assignment:	
Complaint Narrative			
Action Taken By The Supervisor			
Report Completed by:			
Reviewed By:	Watch Supervisor:	Commander or Deputy Chief:	
<b>Commander or Deputy Chief Recommendation:</b> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/> Not-Sustained <input type="checkbox"/> Sustained <input type="checkbox"/>			
Service Complaint <input type="checkbox"/> Moved to Internal Affairs Complaint <input type="checkbox"/>			
Copy forwarded to Chief on:			
Copy filed on:			