

**FORT WAYNE POLICE DEPARTMENT
CITIZEN COMPLAINT OF POLICE ACTIONS**

Please initial the box certifying that you understand it is a crime under Indiana Criminal Code 35-44.1-2-3 to knowingly make a false complaint, alleging an officer engaged in misconduct during the performance of his/her duties

Date: _____ Control #: _____

DIRECTIONS: Please Print

Name: _____ Age: _____ Sex: _____ Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Work Phone#: _____ Birth Date: ____/____/____

SS#: (Required) _____ Place of Employment: _____

Location of Incident: _____ Date: ____/____/____

Time: _____ A.M./P.M. Officer(s) Involved: _____

Arrested/Ticket Issued? ____ Yes ____ No What Charges? _____

Did you sustain injuries that required medical treatment? _____ Hospital: _____

Date of Treatment: ____/____/____ Injuries Sustained: _____

WITNESSES:

1.) Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____ Phone#: _____

2.) Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____ Phone#: _____

3.) Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____ Phone#: _____

NARRATIVE:

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I swear or affirm that the facts contained in this statement are true to the best of my knowledge and belief. I further state that I will appear and face the officers mentioned in a formal hearing.

(Signature of Complainant)

NOTE: Please submit this form as soon as possible, after the incident which gave rise to your complaint.