

Citizens Complaint Form

Emergency: 911

Non-Emergency: (765) 436-7677

1. Your Full Name: _____ **Date:** _____
Address: _____ **Phone:** _____
Employer Name & Address: _____
Employer Phone: _____ **Your Age & Date of Birth:** _____
Name & Phone Number of Someone Who Can Reach You: _____

2. Defendant's Name: _____ **Age:** _____
Phone: _____ **Street Address:** _____
Employer Name & Address: _____
Physical Description of Defendant: _____

3. Witnesses Names & Addresses: _____

4. Date & Time of incident: _____

5. Location of incident: _____

6. In your own words tell what happened: _____

7. Do you know why it happened: _____

8. Did you know the defendant prior to the incident? _____
If so, how: _____

9. Have you been in contact with the police in connection with this case: _____
If so, which department: _____
Officers Name: _____

10. What action would you prefer the police department take: _____
File Charges: _____
Issue a warning: _____
Citation hearing in the presence of the prosecutor: _____
I prefer no action at this time, but would request this complaint be kept on record pending any future problems: _____

I hereby swear or affirm, under the penalties for perjury, that the information that i have provided on this form is true and accurate.

Date: _____ **Signature:** _____