

Charlestown Police Department

CITY OF CHARLESTOWN

703 Main Street, Charlestown, Indiana 47111 (812) 256-6345

www.ctownpd.com

OFFICIAL COMPLAINT

TO: The Office of the Chief of Police

Complainant Name: _____
(last) (first) (middle)

Complainant Address: _____
(street) (city) (state) (zip)

Complainant Phone Number: _____
(home) (work)

Name(s) of police personnel you are filing a complaint about (if known):

1.) _____

2.) _____

3.) _____

If you do not know the name of the personnel you are complaining about, give any information that may identify them (such as officer's physical description, rank, etc.)

List the particular action(s) or omission(s) that you are complaining about:

1. Regarding the incident on which you are complaining, did you know the said employee(s) prior to the incident in question?
YES NO
2. Had you ever met or been acquainted with the said employee(s) prior to the incident?
YES NO
3. Are you willing to make testimony, under oath, to the Charlestown Board of Public Works and Safety, regarding your complaint?
YES NO
4. Did you actually (check one or both) ___ see / ___ hear the incident on which you are reporting?
YES NO

I, hereby swear that the information contained in this document is true and accurate to the best of my knowledge. This complaint is being filed on good faith on my part, without any malice or ulterior motive, other than bringing facts to the attention of the Chief of Police and/or his designees, so that he may investigate further. I further promise my full cooperation, in this matter, to the Chief of Police or his designee(s), in this matter.

I also acknowledge that I understand that purposeful false reporting is a violation of Indiana State Law, for which I may be prosecuted (IC 35-44.1-2-3(5)).

Signature of Complainant

NOTARIAL OATH:

State of: _____

County of: _____

Subscribed and sworn or affirmed to before me, this _____ day of _____, 20__. IN TESTIMONY WHEREOF, I, _____, have hereunto set my hand and official seal.

Signature of Notary

My Commission Expires

(This page completed by the Office of the Chief of Police)

Initial Determination: _____

Initial Disposition: _____

Received by: _____ Title: _____ Date: _____

Assigned to Internal Affairs Commission for further investigation, date:

IA Officer Name: _____

Final Disposition: _____
