COLUMBIA CITY COMMUNICATIONS DEPARTMENT
CITIZENS COMPLAINT OF COMMUNICATIONS ACTIONS

INSTRUCTIONS: **PRINT CLEARLY**

1. The complaint must be made within six months of the incident.
2. Please complete as many areas as you can and provide as much detail and information as possible.
3. **YOU** must be **DIRECTLY** affected by the dispatcher's conduct or police services.
4. **All complaints must be signed by the complainant.**

Date: _____

Complainant Information:

Name: _____ Birth Date: ____/_____/_____

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

Phone #: _____

Interpreter needed ____ No ____ Yes If yes, what language? _____

Incident Information:

Date: ____/_____/_____ Time: _____ A.M/P.M.

Dispatcher(s) Involved: _____Badge _____

Witnesses:

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

Address: _____ Phone #: _____

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

Address: _____ Phone #: _____

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

Address: _____ Phone #: _____

I certify that I understand it is a crime under Indiana Criminal Code 35-44.1-2-3 (d)(5) to knowingly make a false complaint, alleging an officer engaged in misconduct during the performance of his/her duties.

_____ _____

Signature Date

What is your complaint?

_____

_____

_____

Describe what happened. Be sure to include how you were directly affected by the incident, and information about Who, What, When, Where and Why.

_____

_____

_____

_____

_____

PHYSICAL EVIDENCE

Are you including any photographs or other evidence to support your complaint?

( ) NO ( ) YES If Yes, please list:

_____

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 SHOULD A FORMAL HEARING TAKE PLACE.

_____ _____

Signature of Complainant Date