

PORTER COUNTY SHERIFF'S DEPARTMENT CITIZEN COMPLAINT FORM

COMPLAINANT'S INFORMATION			
Name			Date of Birth
Address			
Home Phone No.	Work Phone No.	Cell Phone No.	
WITNESS(ES) TO THIS INCIDENT			
Name	Address	Phone No.	
Name	Address	Phone No.	
LOCATION / DATE / TIME OF INCIDENT			
Location	Date	Time	
OFFICER(S) OR EMPLOYEE(S) INVOLVED (IF KNOWN)			
NATURE OF COMPLAINT			

READ BEFORE SIGNING: I hereby declare that the above written statement is true to the best of my knowledge. I am also willing to submit to a truth verification (lie detector) exam concerning this statement. Furthermore, if a police administrative hearing is conducted on this matter, I would be willing to provide testimony. I also understand that pursuant to IC 35-44-2-2(d)(5), making a complaint of misconduct against a law enforcement officer knowing the complaint to be false is a class B Misdemeanor punishable by up to 180 days in jail and a maximum fine of \$1,000.00.

Complainant's Signature	Date
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Complaint Received By:	ID No.	Date Received
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