

Fortville Police Department Complaint Form

If you wish to make a complaint about the actions of a police officer or about any aspect of the police department's operations, please:

1. Come to the Fortville Municipal Building, Monday through Friday, between the hours of 8:00 A.M. and 4:00 P.M. and ask for a police department supervisor.
2. Write out your complaint on the attached form and give it to the supervisor. Please be as specific as you can.

Or you can

3. Take a copy of this form with you and mail it to:
Town of Fortville
ATTN: Police Chief
714 East Broadway Street
Fortville, IN 46040
4. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
5. You may be asked to testify against the officer, should a disciplinary hearing take place.

**REPORT OF COMPLAINT AGAINST POLICE PERSONNEL
CONFIDENTIAL**

Name of Complainant: _____
(Last) (First) (Middle)

Complainant's Address: _____
(Street) (City) (State) (Zip Code)

Phone Number - Home: _____ Work: _____

Name of Officer(s) against whom complaint is being filed, or other identifying marks {car number, badge number, etc.}.

Rank: _____ Name: _____
(Last) (first) (Middle)

I.D. #: _____ Vehicle Description/Number: _____

Name(s)/Address/Phone Number or other identifying information concerning witnesses : _____

Statement of Allegation: _____

(If further space is needed use the reverse side of this sheet, or a separate piece of paper)

I understand that this statement of complaint will be submitted to the Fortville Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I swear and/or affirm that my statement has been made by me without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the Fortville Police Department, the officer against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

(See Reverse Side of Form)
ADDITIONAL INFORMATION/STATEMENT

(Signature of Complainant)

(Date)

Check if Complainant
Refused to Sign.

(Signature of Person/Officer Receiving Complaint)

(Date and Time Received)

OFFICE USE ONLY!

Internal Use Only

Board Of Inquiry

Reviewed By: _____

Notes: _____

Findings:

UNFOUNDED

EXONERATED

NOT SUSTAINED

SUSTAINED

Forwarded To The Town Council

Personnel File

Internal Affairs File