NASHVILLE POLICE DEPARTMENT

COMPLAINT FORM

IC 35-44.1-2-3 (5) A person who: makes a complaint against a law enforcement officer to the state or municipality (as defined in IC 8-1-13-3(b)) that employs the officer: (A) alleging the officer engaged in misconduct while performing the officer's duties; and (B) knowing the complaint to be false; commits false informing, a Class B misdemeanor. However, the offense is a Class A misdemeanor if it substantially hinders any law enforcement process or if it results in harm to another person. As added by P.L.126-2012, SEC.54. Amended by P.L.292-2013, SEC.11; P.L.158-2013, SEC.503; P.L.168-2014, SEC.79

INSTRUCTIONS: Please provide as much information as possible including date and time of incident and return to the Nashville Poilce Department, ATTN: Chief Ben Seastrom. Forms can either be dropped off in person at the Nashville Police Department, 200 Hawthorne Dr.,Nashville IN, 47448, Monday - Friday from 8:30am to 4pm, or mail to the Nashville Police Department c/o Chief Ben Seastrom, P.O. Box 446, Nashville, IN, 47448.

OFFICE USE ONLY

DATE REPORTED:	TIME:	RECEIVED BY:	☐ IN PERSON ☐ MAIL ☐ OTHER:_____
DATE OCCURRED:	TIME:	LOCATION:	AFFILITATED CASE#

REPORTING PERSON

NAME:	EMPLOYER:	HOME PHONE:
ADDRESS:	WORK ADDRESS:	WORK PHONE:
CITY/STATE/ZIP:	CITY/STATE/ZIP:	DATE/TIME OCCURRED:

EMPLOYEE(S) INFORMATION (To be completed by Department)

NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:
NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:
NAME:	I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:

WITNESS (Use separate form for additional names)

NAME:	EMPLOYER:	HOME PHONE:
ADDRESS:	WORK ADDRESS:	WORK PHONE:
CITY/STATE/ZIP:	CITY/STATE/ZIP:	

SIGNATURE OF REPORTING PERSON:		DATE:	PAGE _____ OF _____

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DESCRIPTION OF INCIDENT (Use additional sheets if needed)

I acknowledge that the above statements, under the penalties of perjury, are true to the best of my knowledge. I further state no threats or promises have been made to me to induce me to make this statement.

SIGNATURE:	DATE:	TIME:
PRINT NAME:	TELEPHONE:	
RECEIVED BY CHIEF OF POLICE:	DATE:	TIME:

NASHVILE POLICE DEPARTMENT

COMPLAINT FORM

SUMMARY OF INCIDENT (Completed by Chief of Police)

RECEIVED BY CHIEF OF POLICE:	DATE:	TIME: