

## ALBION POLICE DEPARTMENT CITIZEN COMPLAINT FORM

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

**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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