NASHVILLE POLICE DEPARTMENT

COMPLAINT FORM

<u>IC 35-44.1-2-3</u> (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 Heather Burris. Forms can either be dropped off in person at the Nashville Police Department, 25 Artist Dr., Nashville IN, 47448, Monday - Friday from 8:30am to 4pm, or mail to the Nashville Police Department c/o Chief Heather Burris, P.O. Box 446, Nashville, IN, 47448.

OFFICE USE ONLY					
DATE REPORTED:	TIME:	RECEIVED BY:	RECEIVED BY:		☐ MAIL
DATE OCCURRED:	TIME:	LOCATION:	LOCATION:		FILITATED CASE#
REPORTING PERSO	ON				
NAME:		EMPLOYER:		НО	ME PHONE:
ADDRESS:		WORK ADDRESS:		WC	DRK PHONE:
CITY/STATE/ZIP:		CITY/STATE/ZIP:	CITY/STATE/ZIP:		TE/TIME OCCURRED:
EMPLOYEE(S) INFO	ORMATION (To be completed by I	Department)		
NAME:		o o o o o o o o o o o o o o o o o o o	I.D. NO.	SUPERVISOR AT TIP	ME OF INCIDENT:
NAME:			I.D. NO.	SUPERVISOR AT TIME OF INCIDENT:	
NAME:			I.D. NO.		ME OF INCIDENT:
WITNESS (Use separ	ate form for ad	ditional names)			
NAME:		EMPLOYER:			ME PHONE:
ADDRESS:		WORK ADDRESS:	WORK ADDRESS:		DRK PHONE:
CITY/STATE/ZIP:		CITY/STATE/ZIP:			
		•		<u>, </u>	
SIGNATURE OF REPORTING PERSON:			DATE:	PAGE	OF

NASHVILLE POLICE DEPARTMENT

COMPLAINT FORM

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: