HOBART POLICE DEPARTMENT

705 E. 4th Street HOBART, INDIANA 46342

COMPLAINANT'S NAME ADDRESS (CITY STATE ZIP) PHONE NUMBER (HOME)

WITNESS/OTHER COMPLAINANTS ADDRESS (CITY STATE ZIP) PHONE NUMBER (HOME)

PERSONNEL INVOLVED (OR DESCRIBE – BADGE #, HT, WT, HAIR COLOR, RACE, GENDER)

1. 2. 3.

DATE & TIME OF INCIDENT LOCATION OF INCIDENT

NATURE OF COMPLAINT

(PLEASE CHECK ALL THAT APPLY)

- ☐ ON DUTY
- ☐ OFF DUTY
- ☐ REFUSED TO INVESTIGATE CASE
- ☐ EXCESSIVE FORCE
- ☐ NEGLECTED INVESTIGATION
- ☐ ABUSIVE LANGUAGE
- ☐ FALSE/IMPROPER ARREST
- ☐ POOR ATTITUDE
- ☐ POOR/RECKLESS DRIVING
- ☐ _____ MISCELLANEOUS (PLEASE BRIEFLY DESCRIBE)

DETAILS OF COMPLAINT

I, _____, do hereby affirm that the information provided by me is true and complete to the best of my knowledge. I understand that any false or misleading statements herein made or during the course of this investigation may subject me to civil and/or criminal penalties.

I realize that I may have to discuss this complaint in person with investigators from the department. I further acknowledge that I may be required to testify in a court or an administrative hearing should my complaint warrant discipline or criminal charges against any Hobart Police Department employees.

Signed:_____ this _____ day of_____, 20 _____
in the City of Hobart, Lake County, Indiana.

Witness: _____