



POLICE DEPARTMENT

260.925.1500 phone | 260.925.8217 fax | PO Box 506, Auburn, IN 46706 | police@ci.auburn.in.us

PUBLIC COMPLAINT PACKAGE

Introduction:

The Auburn Police Department is committed to providing prompt, courteous and professional service while maintaining a positive professional relationship with the community. Our ultimate goal is to improve the quality of life for the citizens and community we serve.

This Public Complaint Package has been developed as an avenue for citizens to file legitimate complaints or report inappropriate behavior of any employee of the Auburn Police Department.

Complainant:

Today's Date and Time: _____

Name: _____ Address _____

Date Of Birth: _____ Home Phone: _____

Email Address: _____

Describe any personal injury sustained: _____

Circumstances:

Type of Complaint: _____

Use of Force Inappropriate Behavior Abuse Reckless

Time and Date Occurred: _____

Place of Occurrence: _____

Witnesses or other persons involved:

Name _____ Age _____

Address _____

Name _____ Age _____

Address _____

Name _____ Age _____

Address _____





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Auburn Police Personnel Involved:

Name _____ Unit # _____ Vehicle _____

Name _____ Unit # _____ Vehicle _____

Name _____ Unit # _____ Vehicle _____

Description of Complaint:

Please be very detailed and describe the nature of your complaint including, time, date, persons involved, Police Personnel involved, any witness's or any other information which may pertain to the filing of this complaint. Please make sure you sign your name at the end of your statement. Go to the next page if additional room is needed to describe your complaint.

Signature of Complainant: _____

Police Supervisors Signature: _____

Date and Time: _____

Incident # assigned: _____