INDIANA STATE EXCISE POLICE

Complaint Form

Instructions: Please type or print all information. Mail completed form to: Office of Professional Standards, Indiana State Excise Police, IGCS, 302 West Washington St., Room E-114, Indianapolis, IN 46204

| Complainant Full Name: | |
|---------------------------|--------------|
| Date of Birth | |
| Complainant Full Address: | |
| Zip Code: | |
| Home Phone: | |
| Business Phone: | |
| Complaint Date: | |
| Compliant Time: | |
| Date of Occurrence: | |
| Time of Occurrence: | |
| Complaint Against: | |
| | |
| | |
| Nature o | of Complaint |
| <u></u> | <u> </u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

INDIANA STATE EXCISE POLICE

Complaint Form

| Narrative Continued: |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| I certify that all statements made by me on this complaint are true and correct. I understand that knowingly making a false complaint is a violation of Indiana Code and is punishable by a fine not to exceed one thousand dollars (\$1000.00) or by a term of imprisonment not to exceed one hundred and eighty (180) days. However, the violation is punishable by a fine not to exceed five thousand dollars (\$5000.00) or by a term of imprisonment not to exceed one (1) year, should it substantially hinder any law enforcement process or if it results in harm to an innocent person. |
| [] I have read and understand this statement. |
| Complainant's Signature: |
| Date: |