

KNIGHTSTOWN POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

LAST NAME	FIRST NAME	MI	DATE OF BIRTH
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ADDRESS	PHONE
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OFFICER NAME	DATE/TIME OF INCIDENT	LOCATION OF INCIDENT
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SUMMARY OF OCCURRENCE (Please use the back of this form if additional space is needed) (PLEASE PRINT)

I understand by signing this document that the statement is true and accurate. I also understand that if I have not provided factual information or if information is intentionally false or malicious, I may be subject to criminal charges under IC 35-44.1-2-3

COMPLAINANT SIGNATURE	DATE
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