

**FORT WAYNE FIRE DEPARTMENT**  
**CITIZEN COMPLAINT OF FIREFIGHTER ACTIONS**

Date of Report: Month\_\_\_\_Day\_\_\_\_Year 20\_\_ I.A. Case No.\_\_\_\_\_

**DIRECTIONS:** Please Print

Name:\_\_\_\_\_Age:\_\_\_\_Sex:\_\_\_\_Race:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_State\_\_\_\_Zip:\_\_\_\_\_

Home Phone#:\_\_\_\_\_Work Phone#:\_\_\_\_\_Birth Date:\_\_\_/\_\_\_/\_\_\_

SS# (Required):\_\_\_\_\_Place of Employment:\_\_\_\_\_

Location of Incident:\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_

Time:\_\_\_\_A.M./P.M. **Officers Involved:**\_\_\_\_\_

Arrested/Ticket Issued?:\_\_\_Yes\_\_\_No What Charges?\_\_\_\_\_

Did you sustain injuries that required medical treatment?\_\_\_\_Hospital:\_\_\_\_\_

Date of Treatment:\_\_\_/\_\_\_/\_\_\_ Injuries Sustained:\_\_\_\_\_

**WITNESSES**

1) Name:\_\_\_\_\_Age:\_\_\_\_Birth Date:\_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_Phone #:\_\_\_\_\_

2) Name:\_\_\_\_\_Age:\_\_\_\_Birth Date:\_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_Phone #:\_\_\_\_\_

3) Name:\_\_\_\_\_Age:\_\_\_\_Birth Date:\_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_Phone #:\_\_\_\_\_

4) Name:\_\_\_\_\_Age:\_\_\_\_Birth Date:\_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_Phone #:\_\_\_\_\_

