



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

Fire Department • Eric T. Lahey, Fire Chief
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 #: _____

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