

THOMAS C. HENRY, MAYOR

Fire Department • Eric T. Lahey, Fire Chief FORT WAYNE FIRE DEPARTMENT

CITIZEN COMPLAINT OF FIREFIGHTER ACTIONS

Date of Report: MonthDay	Year 20	I.A. Ca	se No	
DIRECTIONS : Please Print			*	
Name:	Age:	Sex:	Race:	
Address:	City:		StateZip:	
Home Phone#:	_Work Phone#:_		Birth Date://	
SS# (Required):	Place of Em	ployment		
Location of Incident:			Date://	
Time:A.M./P.M. Officers Involved:				
Arrested/Ticket Issued?:YesNo What Charges?				
Did you sustain injuries that requ	ired medical trea	tment?	Hospital:	
Date of Treatment:// Injuries Sustained:				
WITNESSES				
1) Name:		_Age:	Birth Date://	
Address:	***************************************		Phone #:	
2) Name:		_Age:	Birth Date://	
Address:		4.000	Phone #:	
3) Name:		_Age:	Birth Date://	
Address:			Phone #:	
4) Name:		_Age:	Birth Date://	
Address:		ı	Phone #:	

ENGAGE • INNOVATE • PERFORM

NARRATIVE: (For additional narrative space, p	ease attach a separate sheet of paper)
	,
I swear and affirm that the facts contained in my knowledge and belief. I further state that mentioned in a formal hearing.	
(3	Signature of Complainant)
NOTE: Please submit this form as soon as possible after t	he incident which gave rise to your complaint.
Please Return Completed Signed Form to:	
Email Address: Michelle.Vevia@cityoffortwayne.	org
or	
Mailing Address: Fort Wayne Fire Department, 1 E. Main Street, Suite 901 Fort Wayne IN 46802	