



CITY OF FORT WAYNE

SHARON TUCKER, 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: ____/____/____

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 #: _____

ENHANCED QUALITY OF LIFE FOR ALL

1 E. Main St., Suite 901 • Fort Wayne, Indiana • 46802 • cityoffortwayne.org

phone: 260-427-1478 • fax: 260-427-1277

An Equal Opportunity Employer

[illegible]

(Signature of Complainant)

or

Mailing Address: Fort Wayne Fire Department,
1 E. Main Street, Suite 901
Fort Wayne IN 46802

An Equal Opportunity Employer