Logansport Police Department
729 High Street, Logansport, IN 46947

COMPLAINT AGAINST OFFICER FORM

Name of Complainant: _____

Address: _____

Telephone: _____

**By completing and signing this form, you are declaring that you have read and understand Indiana's false informing statute. This statute, 35-44.1-2-3 (d) states that "A person who makes a complaint against a law enforcement officer to the state or municipality that employs the officer: (A) alleging the officer engaged in misconduct while performing the officer's duties; and (B) knowing the complaint to be false; commits false informing, a Class B misdemeanor. However, the offense is a Class A misdemeanor if it substantially hinders any law enforcement process or if it results in harm to another person.

Summary of Complaint:

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I swear or affirm under penalties of perjury pursuant to IC 35-34-1-2.4 that the foregoing facts are true.

_____ _____
Complainant Signature Date/Time

_____ _____
Officer Receiving Report Officer in Charge