OFFICIAL COMPLAINT SUBMISSION

Allen County Fire & EMS District | Allen County, Indiana

IMPORTANT NOTICE TO COMPLAINANT – Required Section

This form is an official document of the Allen County Fire & EMS District. Completion and submission of this form constitutes a sworn statement by the complainant that all information provided is true, accurate, and complete to the best of the complainant's knowledge. Submission of false, misleading, or fabricated information may constitute a criminal offense under Indiana law and may subject the complainant to civil liability.

This District is committed to a fair, thorough, and impartial investigation of all complaints. Personnel named in a complaint are entitled to due process protections under applicable law, merit systems, collective bargaining agreements, and District policy. Initial here, I have read this notice _____

SECTION 1 — COMPLAINT INFORMATION – Required Section

Complaint Number (Office Use Only) _____

Date Submitted _____ **Time Submitted** _____ ☐ AM ☐ PM

Nature of Complaint (select all that apply):

☐ Unprofessional Conduct ☐ Use of Force / Physical Contact ☐ Neglect of Duty
☐ Discrimination / Harassment ☐ Failure to Provide Adequate Service ☐ Policy Violation
☐ Other (describe below): _____

SECTION 2 — COMPLAINANT INFORMATION – Required Section

Full Legal Name _____

Mailing Address _____

City / State / ZIP _____

Phone Number _____

Email Address _____

Complainant's Relationship to the Incident:

☐ Direct Victim / Patient ☐ Witness to the Incident ☐ Representative / Family Member
☐ Other_____

SECTION 3 — SUBJECT PERSONNEL & INCIDENT DETAILS – Required Section

Personnel Name(s) / Badge(s) _____

Unit / Apparatus / Station _____

Date(s) of Incident(s)	
Time of Incident	☐ AM ☐ PM
Location of Incident	
Incident / Run Number	

SECTION 4 — COMPLAINT NARRATIVE – Required Section

Provide a complete, chronological, and factual account of the incident giving rise to this complaint. Include specific times, locations, statements made, and actions taken by involved personnel. Attach additional pages if needed.

Narrative (describe what occurred in detail):

SECTION 5 — WITNESSES

List any individuals who witnessed the incident. Additional witness statements may be submitted as attachments.

Witness Name	Phone Number	Relationship to Incident

SECTION 6 — SUPPORTING DOCUMENTATION

Attach any documents, photographs, videos, recordings, or other evidence supporting this complaint. List all attachments below.

#	Description of Document / Evidence	Type (Photo / Video / Document / Other)
1		
2		
3		
4		

DOCUMENTATION SOURCE CERTIFICATION – Required Section

Was all documentation listed above lawfully acquired by the complainant? If any item was obtained from a governmental agency or public entity, was it obtained pursuant to a proper public records request consistent with Indiana's Access to Public Records Act, IC 5-14-3, which requires that a request for public records identify the record with reasonable particularity and, at the agency's discretion, be submitted in writing on a form provided by the agency?

☐ "Yes, all documentation was lawfully acquired" ☐ "No, the information was not lawfully acquired"

☐ "Not applicable — no documentation submitted"

The complainant, and not the District, is solely responsible for the lawful acquisition of any document, photograph, video, recording, or other evidence submitted with this complaint. Submission of documentation obtained in violation of Indiana law, including but not limited to public records obtained outside a proper request under IC 5-14-3 or recordings obtained in violation of applicable wiretapping or eavesdropping statutes, may subject the complainant to civil or criminal liability and does not create liability for the District arising from its receipt of such documentation.

SECTION 7 — LEGAL NOTICE REGARDING FALSE STATEMENTS

NOTICE: CRIMINAL PENALTIES FOR FALSE STATEMENTS – Required Section, Initial at the bottom of section.

Any person who knowingly submits false information in connection with a complaint against a public safety employee of a governmental entity may be subject to criminal prosecution under Indiana law.

Under IC 35-44.1-2-3 (False Informing), a person who knowingly makes a complaint against a law enforcement officer to the state or municipality alleging that the officer engaged in misconduct while performing official duties, knowing the complaint to be false, commits a Class B misdemeanor, punishable by up to 180 days in jail and a

fine of up to $1,000. The offense elevates to a Class A misdemeanor, up to one year in jail and a $5,000 fine, if the false complaint substantially hinders any law enforcement process or results in harm to another person.

Additionally, any person who knowingly submits false information to a governmental entity may face prosecution under IC 35-44.1-2-1 (False Reporting) or related statutes, as well as civil liability for damages caused to the employee who is the subject of the false complaint.

IMPORTANT LIMITATION: Indiana Code IC 35-44.1-2-3 expressly references "law enforcement officers" in the false-complaint provision. Firefighters and EMS personnel are not specifically named in that subsection. However, submitting false information to a governmental entity, which Allen County Fire & EMS District is, may still implicate false informing and false reporting statutes depending on the nature of the false statement. Complainants are advised that the District will refer confirmed false complaints to the Allen County Prosecutor's Office for review.

The District encourages any person who has witnessed or experienced genuine misconduct to report it without fear. The protections described above apply only to knowingly false statements made with intent to deceive. Good-faith complaints based on an honest belief in the truth of the information provided are not subject to criminal prosecution under these statutes. Initial here, I have read Section 7 _____

SECTION 8 — CERTIFICATION AND SIGNATURE

COMPLAINANT CERTIFICATION – Required Section, Initial at the bottom of section.

By signing below, I certify and affirm under penalty of law that:

- All information contained in this complaint form is true, accurate, and complete to the best of my knowledge and belief.
- I have not knowingly omitted any material information that would be relevant to a fair investigation of this complaint.
- I understand that submission of false or misleading information may subject me to criminal prosecution and civil liability under applicable Indiana law.
- I consent to being contacted by District personnel in connection with the investigation of this complaint.
- I understand that the person(s) named in this complaint are entitled to due process protections and that this complaint will be investigated in a fair and impartial manner. Initial here, I have read Section 8 _____

Complainant Signature _____ **Date** _____

Printed Name _____ **Time of Signing** _____

FOR OFFICE USE ONLY

Received By (Name) _____ **Date Received** _____

Disposition Classification:

☐ Sustained ☐ Not Sustained ☐ Exonerated ☐ Unfounded ☐ Referred for Criminal Review

Allen County Fire & EMS District | Official Use Document
Retain completed forms in accordance with the District's records retention policy and applicable Indiana public records law.
Completed forms may also be submitted electronically to: **info@allencountyfire.org**