

Complaint Form



Clarksville Police Department
1970 Broadway Street
Clarksville, Indiana 47129
(812) 288-7151
(812) 283-8680 Fax

Chief of Police
Nathan Walls

Asst. Chief of Police
James VanWinkle

SUBJECT: Filing of Official Complaint on Police Personnel

To Whom It May Concern:

Filing of an official complaint is a serious matter that you are asked to consider carefully. If you decide to file a complaint you should do so with the purest of motives and with sincere desire to correct a situation which is a violation of police department procedure or a violation of law; not for the purpose of personal vendetta or personal gain.

We do not wish this to appear to be a plea to you not to sign a complaint as in some instances a complaint justified and should be investigated to its end. It is our goal to determine which complaints are valid and to undertake an objective investigation. Such investigations will be made in a timely manner and a response will be made to you.

All citizens deserve to be treated fairly, professionally and honestly in their dealing with the police and we respect your right to file a complaint if you believe that you were not treated in this manner. However, we discourage any complaints that are not honest and with your full cooperation. Unfounded reports are a waste of our time and effort. We must inform you that intentional false reporting and straight out fabrication will result in criminal charges being filed against you.

Thank You,

Nathan W. Walls



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Chief of Police
Nathan Walls

Assistant Chief of Police
James VanWinkle

**CLARKSVILLE POLICE DEPARTMENT
OFFICIAL COMPLAINT FORM**

To: *The Office of the Assistant Chief of Police*

COMPLAINANT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET # / NAME) (CITY) (STATE) (ZIP)

PHONE: _____
(HOME) (CELL) (WORK)

NAME OF POLICE PERSONNEL YOU ARE FILING COMPLAINT ABOUT:

- (1) _____
- (2) _____
- (3) _____

IF YOU DO NOT KNOW THE NAME OF THE PERSONNEL YOU ARE COMPLAINING ABOUT, GIVE ANY INFORMATION THAT MAY IDENTIFY THE OFFICER(S) (SUCH AS A CAR#, PHYSICAL DESCRIPTION, RANK ETC.):

LIST THE PARTICULAR ACTION(S) OR OMISSION(S) THAT YOU ARE COMPLAINING ABOUT (EX: PHYSICAL BRUTALITY, SPEEDING, ETC.):

- (1) _____
- (2) _____
- (3) _____

WRITE A BREIF NARRATIVE/DESCRIPTION OF WHAT HAPPENED. INCLUDE DATES, TIMES, NAMES OF WITNESSES, ADDRESSES, PHONE NUMBERS, LOCATION OF OCCURRENCE AND ANY OTHER IMPORTANT INFORMATION:

1. REGARDING THE INCIDENT ON WHICH YOU ARE COMPLAINING, DID YOU KNOW THE OFFICER/EMPLOYEE, ON WHICH YOU ARE COMPLAINING, PRIOR TO THE INCIDENT?

YES No

2. HAD YOU EVER MET OR BEEN ACQUAINTED WITH THE OFFICER/EMPLOYEE PRIOR TO THE INCIDENT?

YES No

3. ARE YOU WILLING TO MAKE A TESTIMONY UNDER OATH TO THE CLARKSVILLE BOARD OF POLICE COMMISSIONERS REGARDING YOUR COMPLAINT?

4. DID YOU ACTUALLY SEE, HEAR OR BOTH, THE INCIDENT ON WHICH YOU ARE REPORTING?

I, HEREBY, SWEAR THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THIS COMPLAINT IS BEING FILED ON GOOD FAITH ON MY PART, WITHOUT ANY MALICE OR ULTERIOR MOTIVE, OTHER THAN BRINGING FACTS TO THE ATTENTION OF THE CHIEF OF POLICE AND OR HIS DESIGNEES, SO THAT HE MAY INVESTIGATE FURTHER. I FURTHER PROMISE MY FULL COOPERATION IN THIS MATTER TO THE CHIEF OF POLICE OR HIS DESIGNEE(S) IN THIS MATTER.

I ALSO ACKNOWLEDGE THAT I UNDERSTAND THAT PURPOSEFUL FALSE REPORTING IS A VIOLATION OF INDIANA STATE LAW FOR WHICH I MAY BE PROSECUTED PURSUANT J.C. 35-44-2-1.

SIGNATURE OF COMPLAINANT

**Please deliver this complaint in person or if mailing,
send via CERTIFIED MAIL to:**

**Clarksville Police Department
Attn: James VanWinkle, Asst. Chief of Police
1970 Broadway Street
Clarksville, IN 47129**