

PORTAGE POLICE DEPARTMENT

6260 Central Avenue Portage, Indiana



Ph: (219) 762-3122 Fax: (219) 763-6531

Chief: Troy J. Williams

Major: Lisa Duncan

Patrol Captain: Michael Candiano

Assistant Chief: Ted Uzelac

Detective Captain: Joseph Reynolds

Administrative Captain: James R. Maynard

COMPLAINT PROCEDURE

The requirements to file a complaint are as follows:

1. The complaint must allege a specific act of misconduct.
2. The complaint must be made on the attached form and signed by the complainant.
3. The complainant must have first-hand knowledge of the incident in question.
4. The complaint must be made within (21) days of the alleged incident.
- 5: An anonymous complaint will not be investigated unless the complaint alleges a criminal code violation.
6. A parent or legal guardian must sign the form for a juvenile complainant under the age of 18.
7. A person filing a complaint would be required to go to the Portage Police Department to obtain a complaint form which will need to be completed providing the details of the incident and will require the complainant's signature.

****NOTE:** To knowingly make a false report complaint of misconduct against a law enforcement officer is a crime in Indiana and punishable by up to 180 days in jail and a maximum fine of \$1,000.00.

Once a complaint is received, it will be forwarded to the Officer's supervisor, who will investigate the complaint. After reviewing all facts and circumstances relating to the complaint, the supervisor will determine whether the complaint warrants further investigation. If the complaint is deemed baseless or not factual, no further action will be taken. If the complaint is substantiated in any way or if the supervisor believes it necessitates further review, the complaint and the supervisor's findings will be forwarded to the Division Commander to which the officer is assigned.

PORTAGE POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Complainant's Information

Name: _____ Date of Birth: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Witness(es) to this incident

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Location/Date/Time of Incident

Location: _____ Date: _____ Time: _____

Officer(s) or Employee(s) – If known

Names &/or Badge #'s: _____

Nature of Complaint (use back if needed)

Signature: _____ **Date:** _____