MICHIGAN CITY POLICE DEPARTMENT

102 W. 2nd STREET
MICHIGAN CITY, INDIANA 46360
emichigancity.com

INTERNAL AFFAIRS COMPLAINT FORM

DATE COMPLAINT RECEIVED:	
RECEIVED BY:	
ORIGINAL EVENT NO:	
IAC NUMBER:	

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS (STREET)	CITY	STATE	ZIP
RESIDENCE PHONE NO	CELL PHONE NO	BUSINESS PHONE NO	

INSTRUCTIONS

COMPLETE THIS FORM AND EITHER MAIL IT OR HAND DELIVER IT TO THE MICHIGAN CITY POLICE DEPARTMENT. INCLUDE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ANY AND ALL WITNESSES. AN OFFICER FROM THE DIVISION OF PROFESSIONAL STANDARDS WILL CONTACT YOU AT A LATER DATE TO ADVISE YOU OF THE STATUS OF THE INVESTIGATION. IN ADDITION, YOU WILL BE INFORMED OF OUR FINDINGS.

Name of Officer	Badge Number
Name of Officer	Badge Number
Location of Violation	

Name of Officer	Badge Number
Name of Officer	Badge Number
Date of Alleged Violation	Time of Alleged Violation

DESCRIPTION OF COMPLAINT (CONTINUE ON BACK, IF NECESSARY)

I have filed this complaint with another agency / Agencies: ☐ YES ☐ NO

AGENCY NAME	DATE FILED

I swear and affirm that I have read the above information and that this is a true and accurate account of what happened, to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT	DATE OF COMPLAINT