Cumberland Metropolitan Police Department
Administration Division
11501 E. Washington Street, Cumberland, IN 46229
Main Office | (317) 894-3525
Fax | (317) 894-5207

Officer Compliment or Complaint Form

Compliments Section on front of this page / Complaints Section on back of this page

Citizen Giving Compliment Information

NAME: _____ DATE:_____

ADDRESS:_____
(Optional) CITY STATE ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____
(Optional) (Optional)

CASE NUMBER (IF AVAILABLE): _____ DATE OF INCIDENT: _____

NAME OF OFFICER(S) AND/OR BADGE NUMBER(S): _____

Nature of Compliment
(Please be as specific and legible as possible. Thank you.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please Submit this Form to the Lock Box or Mail it in when finished to
ATTN: Chief of Police at 11501 E. Washington Street, Cumberland, IN 46229

Officer Complaint Section

It is the responsibility of CMPD to investigate complaints against officers/employees of CMPD with the highest degree of integrity. It is also our responsibility to inform you of the following Indiana Criminal Code related to false reporting.

IC 35-44-2-2 False Reporting or Informing: A person who: 1) gives a false report of the commission of a crime or gives false information in the official investigation of the commission of a crime, knowing the report or information to be false; 5) makes a complaint against a law enforcement officer to the state or municipality (as defined in IC 8-1-13-3) 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.

By Filling and Signing the Below information, you agree that you have read the above and understand that false reporting could result in prosecution. You, the undersigned, further acknowledge that the statements of facts or information provided by you in the following sections are truthful.

Citizen Giving Complaint Information

(All Information Required for Complaint to be Investigated)

NAME: _____ DATE:_____

ADDRESS:_____

CITY STATE ZIP CODE

TELEPHONE NUMBER: _____ EMAIL: _____

CASE NUMBER (IF AVAILABLE): _____ DATE OF INCIDENT: _____ LOCATION OF INCIDENT: _____

NAME OF OFFICER(S) AND/OR BADGE NUMBER(S): _____

Nature of Complaint

(Please be as specific and legible as possible. Use Separate Page for More Space If Needed.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CITIZEN SIGNATURE (REQUIRED):_____