

Jeffersonville Housing Authority

206 Eastern Boulevard • Jeffersonville, Indiana 47130-2802 Phone (812) 283-3553 • Fax (812) 282-1214 www.jeffhousing.com

Complaint/Incident Form

Your full name:		
Your phone:		
Your address including city, ST, & z	zip:	,
Name(s) of person(s) involved:		
Their address, including city/state/z	zip:	
Witness(es) Name(s)	Age Address	Phone
1.		
2.		
When did it happen? Date and time	e:	
Where did it happen?		
Describe in detail what happened:		
Do you know why it happened?		
Which police department did you co	ontact?	
Officer's name, if known:		
What injuries did you sustain?		
Did you receive medical treatment as a result of these injuries?		
UNDER THE PENALTY OF PERJURY OR FALSE REPORTING BEING FILED AGAINST ME, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
Signature:	<u>Date</u> :	
Office use only: Received by:	Date:	Time:



