Avon Police Department

Complaint/Statement Form

Date: _____ Time: _____ Incident#: _____ Page:____of____.

Location statement was given: _____

I, the undersigned, _____, am _____ years old, my date of birth is _____

My address is _____ Telephone #: _____

I am giving this statement **voluntarily** to _____, a member of the Avon Police Department

due to the fact that I have knowledge of, or was a witness to incident #: _____.

I declare that the following voluntary statement is made to the above-mentioned member of the Avon Police Department. This voluntary statement is written in my own words; of my own free will without promise or hope of reward; without fear of threat or physical harm; without coercion; favor or offer of favor; without leniency or offer of leniency, by any person or persons.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I swear or affirm that the information I have entered on this form is correct. I have read the Indiana Code Form regarding perjury and false reporting. I understand that making a false statement on this form may constitute the crime of perjury and/or false reporting.

Signature: _____Date:_____

Witness:_____ Date:_____