



*Village of Cuyahoga Heights Police Department*  
**5480 Grant Avenue • Cuyahoga Heights, OH  
44125**

**Personnel Complaint Form**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Complainant: \_\_\_\_\_ State ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Associated CHPD Incident # or Citation #: \_\_\_\_\_ (if applicable)

Associated CHPD or Village Vehicle #: \_\_\_\_\_ (if applicable)

Other Witness: \_\_\_\_\_ Contact #: \_\_\_\_\_

Other Witness: \_\_\_\_\_ Contact #: \_\_\_\_\_

Other Witness: \_\_\_\_\_ Contact #: \_\_\_\_\_

**CHPD Officer(s) / employee(s) involved or subject of complaint:**

Name: \_\_\_\_\_ Badge # \_\_\_\_\_ Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Name: \_\_\_\_\_ Badge # \_\_\_\_\_ Name: \_\_\_\_\_ Badge # \_\_\_\_\_

Receiving OIC / Supervisor: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_\_\_

**Method Complaint Received or Made Known:**

\_\_\_ Phone \_\_\_ In-Person \_\_\_ Social Media \_\_\_ Supervisor Observation \_\_\_ Other/\_\_\_

