

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

## **Personnel Complaint Form**

Date:/_/		State ID #		
Telephone:	E-mail:			
Date/Time of Incider	nt:			
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) / en	<u>ıployee(s) involved</u>	or subject of comple	aint:	
Name:	Badge #	Name:	Badge #	
Name:	Badge #	Name:	Badge #	
Receiving OIC / Supervisor:		Date	Date Received://	
Method Complaint R	Received or Made Ki	<u>nown</u> :		
Phone In-Pe	erson Social Me	dia Supervisor (	Observation Other/	

The Cuyahoga Heights Police Department is dedicated to protecting the rights of all citizens and we carefully investigate all complaints regarding police service and/or police misconduct. Our mission is to provide quality police service and you assist us in accomplishing this goal when you contact us regarding what you consider to be improper police conduct. We value your opinion and thank you for bringing this to our attention.

Please use space provided below to describe the incident.

## **READ THE FOLLOWING BEFORE SIGNING THIS FORM:**

ORC 2921.15 Making false allegation of peace officer misconduct: No person shall knowingly file a complaint against a peace officer that alleges that the peace officer engaged in misconduct in the performance of the officer's duties if the person knows that the allegation is false. **Making false** allegations of police misconduct is a Misdemeanor of the 1st Degree and punishable by up to six months in jail and \$1000 fine.

Signature:	Date:
Receiving OIC:	Date: