

Millersburg Police Department Complaint Form

Report Number _____

COMPLAINT FORM

Complainant: _____ **Home Phone:** _____

Address: _____ **Business Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Complaint/Allegation made against: _____

(Employee's Name)

Summary of the Complaint/Allegations: _____

Location of occurrence: _____

Date of occurrence: _____ **Time of occurrence:** _____

Witness: _____ **Home Phone:** _____

Address: _____ **Business Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Notice: Pursuant to Section 2921.15B of the Ohio Revised Code, you are notified that 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 know that allegation is false. Whoever violates this section is guilty of a misdemeanor of the first degree..

Complainant's Signature: _____ **Witness's Signature:** _____

Received by: _____ **Date:** _____ **Time:** _____

Reviewed by: _____ **Date:** _____ **Time:** _____

