



Mt. Orab
POLICE

Citizen Complaint Form

_____ Department Assigned Report Number

Complaint Name: _____ Phone Number _____

Street Address: _____

City: _____ State: _____ Zip: _____

Complaint/Allegation made Against _____
(Name of the Employee)

Summary of the Complaint/ Allegation: _____

Location of Occurrence: _____

Date of Occurrence: _____ Time of Occurrence: _____ Am / Pm

Witness Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 knows that allegation is false. Whoever violates this section is guilty of a misdemeanor of the first degree.

(Complainant Signature)

(Witness Signature)

The following section is to be completed by the person receiving the complaint/allegation as well as the supervisor reviewing the complaint/allegation

Complaint Received by: _____ Date: _____

Complaint Reviewed by: _____ Date: _____

