(Please FILL OUT this form in INK and in its entirety)

Complaint Number _____
(To be filled in by Police Department)

CITIZEN COMPLAINT FORM

Springfield Township Police Department
2465 Canfield Road
Akron, Ohio 44312

The citizen complaint procedure provides individuals with the opportunity to lodge a complaint alleging misconduct or wrong doing on the part of a member of the Springfield Township Police Department.

YOUR NAME: _____
FIRST MI LAST

YOUR ADDRESS: _____
NUMBER STREET CITY ZIP HOME PHONE

YOUR EMPLOYER: _____
NAME OF EMPLOYER WORKING HOURS EMPLOYERS PHONE NUMBER

(If you are a parent filing a complaint on behalf of your minor child, please include his/her name and D.O.B. in the narrative)

****

DATE/TIME of Incident: _____

LOCATION of Incident: _____

NAME(S), I.D. NUMBER(S), and CRUISER NUMBER(S) of OFFICER(S) INVOLVED (List all that you know):

_____

****

NARRATIVE: (Please be specific. State exactly the actions of the officer(s) that cause you to complain)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Please attach and sign additional pages for the narrative, if necessary)

O.R.C. 2921.15 (B) "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. Violation of this section is a misdemeanor of the first degree. (3-22-01)" **I understand that by signing this complaint, and if the complaint is found to have been filed with false intent, I could be charged criminally.**

_____ _____
(Signature of Complainant) (Date) (Complaint Received By) (Date)