Alliance Police Department Citizen Complaint Form

It is the policy of the Alliance Police Department to take all citizen complaints against its Officers or civilian employees very seriously. People who feel they have been wronged by departmental personnel are encouraged to fill out this complaint form.

Please fill out all sections of this form as completely as possible. Complete, truthful, and accurate responses are required for us to adequately investigate your problem. Return this completed and signed form to an Alliance Police Department supervisor or mail it to:

Chief of Police Alliance Police Department 470 East Market Street Alliance, Ohio 44601

All complaints will be forwarded to the Patrol Bureau Commander for review and investigation.

Administrative Data: Section I

Complainant Information

Name:	
Address:	
Telephone#: (Home)	
(Work) Date of Birth:/	Male Female
	ossible the employee(s) who committed the if you know that information.
Occurrence	
Location of incident:	
(Pag	ge 1 of 3)
	Complainant Initials

Date _____

Alliance Police Department Citizen Complaint Form

Witnesses

Please list any witnesses names and their address and telephone numbers if you know them.
mumbers if you know them.
Details of Complaint: Section II
Statement Please advise us of what occurred in as much detail as possible. If you have a pending criminal case, understand that this information may be used against you in court.
(Daga 2 of 2)
(Page 2 of 3) Complainant Initials Date

Alliance Police Department Citizen Complaint Form

Statement continued:	F	
A 000 C TYT		
Affirmation: Section III	d Cd	
a false allegation of police miso	sed Code section 2921.15 k	
Officer's duties is a criminal of	_	
jail, a \$1,000.00 fine, or both.	The state of the s	
		,
accurate to the best of my kno	firm that this statement is	true and
accurate to the best of my kno	wieuge.	
		/
	Signature of Complainant	Date
	Signature of Receiving Superviso	r Date Received
	Signature of Receiving Superviso	n Date Received

(Page 3 of 3)