

**MONTPELIER OHIO POLICE  
CITIZEN COMPLAINT FORM**

Date of **COMPLAINT**: \_\_\_\_\_

Date/Time of **INCIDENT**: \_\_\_\_\_

Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Personnel Involved: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be supporting documentation with this complaint? Y  N

*Section 2921.15(B) of the Ohio Revised Code states that any person who knowingly files a false complaint of misconduct against a police officer is guilty of a misdemeanor of the first degree.*

**Complainant notified and acknowledges understanding Section 2921.15(B). Initial \_\_\_\_\_**

*I understand that this is a formal complaint, and I may be called in by a specifically assigned investigator for follow up. I understand that by filing this complaint I am agreeing to comply with all requests by this agency, to thoroughly investigate this complaint. If I fail to cooperate at any time, this complaint may be closed without resolution to the complainant.*

**Complainant notified and acknowledges understanding of cooperation. Initial \_\_\_\_\_**

**FORMAL COMPLAINTS ARE REQUIRED TO BE FILED IN WRITING WITH THE OFFICE OF THE CHIEF OF POLICE. FAILING TO FOLLOW THIS PROCEDURE MAY RESULT IN YOUR COMPLAINT BEING IMMEDIATELY CLOSED. RETURN THIS DOCUMENT AND ANY SUPPLEMENTAL DOCUMENTS TO THE CHIEF OF POLICE – MONTPELIER POLICE DEPARTMENT – 221 EMPIRE STREET, MONDAY THROUGH FRIDAY BETWEEN 8:30 AM to 4:00 PM.**

Complainant Signature: \_\_\_\_\_

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|-----------------|--|
| Admin Use Only: | This complaint has been received by: Sign, date, and write badge number to the right |
|                 |  |