## ELYRIA POLICE DEPARTMENT DEPARTMENT COMPLAINT FORM

☐ EMPLOYEE COM	<b>IPLAINT</b>	☐ DEPARTM	MENT CON	MPLAINT	EPD INCIDENT #			
COMPLAINANT INFORMATION								
DATE:	TIME:	201			PARTY NAME:	□ANONYMOUS		
ADDRESS:				SOCIAL SECU	URITY NUMBER:	DATE OF BIRTH:		
PRIMARY PHONE:				ALTERNATE PHONE:				
NATURE OF COMPLAINT:				DATE OF INCIDENT:		TIME OF INCIDENT:		
LOCATION OF INCIDENT:				EMPLOYEE(S) INVOLVED: (Names, Badge #s, Cruiser #s)				
WITNESS NAME:		WITNESS ADD	ORESS:			WITNESS PHONE:		
WITNESS NAME:		WITNESS ADDRESS:			WITNESS PHONE:			
(Continue on back or attach additional pages if necessary)  (Continue on back or attach additional pages if necessary)  Ohio Revised Code 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 allegations are false. Violation of this section is a misdemeanor of the 1st degree. (3-22-01)". I understand that by signing this complaint, that if a subsequent investigation determines that I knowingly made false allegations of misconduct against a peace officer, I may be prosecuted criminally.								
Reporting Party Signatur	e:		Received	by:		Date:		

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NARRATIVE CONTINUED:							
WARRATIVE CONTINUED.							
Completed forms can be faxed, mailed or e-m	nailed to: Office of the (	Chief of Police					
completed forms can be faxed, maned of e if		18 West Ave, Elyria OH 44035					
	Phone: (440)						
		emplaint@cityofelyria.org					
	DED / DEL CENTE LIG						
COMPLAINT RECEIVED BY:	DEPARTMENT US	E ONLY DATE:					
COMPLAINT RECEIVED BY:		DATE:					
ASSISTING EMPLOYEE:							
Addisting Evil Ed LE.							
COMPLAINT METHOD:							
□IN PERSON □BY PHONE □MAIL □E-MAIL □OTHER (DESCRIBE)							
COMPLAINT TYPE (TO BE COMPLETED FOR COMPLAINTS ONLY):							
MINOR COMPLAINT (Complete Supervisor Report & submit through chain of command)							
MAJOR COMPLAINT (Forward through chain of command to Chief's Office for assignment)							
DEPARTMENT OR ANONYMOUS COMPLAINT (Forward directly to Chief's Office)							
ACKOWLEDGEMENT OF COMPLAINT							
CHIEF OF POLICE:		DATE:					
ASSIGNED INVESTIGATOR:	ASSIGNED DATE:	ASSIGNMENT TYPE:					
		Supervisor Report Only					
		Internal Affairs Investigation IA#					