

Bucyrus Police Department Complaint Form

Complainant: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Complaint/Allegation Made Against: _____
(Employee's Name)

Summary of the Allegations:

Location of Incident: _____ Date/Time of Incident: _____

Witness: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Witness: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Witness: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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: _____ Date/time: _____

Received by: _____ Date/time: _____

Complaint Investigation

This form is to be completed in addition to an internal investigation report to be submitted in memo form to the Bureau Commander of the assigned supervisor. See policy 1010.

Assigned Supervisor: _____

Policy(s) alleged to have been violated: _____

Supervisor review of the complaint: _____

Complaint Disposition:

Unfounded Exonerated Not Sustained Sustained

Disciplinary Action Taken if misconduct is found:

Investigating Supervisor's signature: _____ Date: _____

Bureau Commander's signature: _____ Date: _____

Chief of Police's signature: _____ Date: _____

